05/20/2010 18:12

Image# 10930746218

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For Othe	r Than An Aut	horized Com	mittee		Office Use Only	
NAME OF COMMITTEE (in full)		MAILING LABEL OR PRINT 🗑	Example:If ty over the lines				
American Hospital Asso	ociation PAC						
	1 1 1 1 1				1 1 1 1 1		
ADDRESS (number and stree	325 Sev   325 Sev   Suite 70	enth Street, NW					
Check if different than previously reported. (ACC)	Washino	gton	1 1 1 1 1 1		DC	20004	-
2. <b>FEC IDENTIFICATION</b>	NUMBER 🔻	CIT	TY 🛕		STATE	ZIPCO	DE 🛕
C00106146			S THIS REPORT	NEW (N) <b>OR</b>	AN (A)	MENDED )	
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Rep July 15 Quarterly Rep October 15 Quarterly Rep January 31 Quarterly Rep January 31 Quarterly Rep July 31 Mid-Y Report(Non-e Year Only) (M Termination F (TER)	port(Q1) (c) (c) (c) (d) (d) (d) (d)	port Fer e On: Ma	on on General	Jun 20 (M6) Jul 20 (M7) (12P) ion (12C)	Sep	in the	Special (30S)
5. Covering Period	04 01	2010	throu	igh 0 4	30	2010	
I certify that I have examined Type or Print Name of Treas		o the best of my kn Hinda Hatton	owledge and belief	f it is true, correc	t and complete.		
Signature of Treasurer El	lectronically Filed	by Ms. Melinda I	Hatton		Date 0.5	20	2010
NOTE : Submission of false	, erroneous, or inc	omplete informatio	n may subject the	person signing th	nis Report to the	penalties of 2 U.	S.C 437g.
Office Use						FEC FOR	

FE6AN026

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

2/97

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

American Hospital Association PAC D <sup>®</sup>D 0 4 0 1 2010 0 4 3 0 2010 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 2190847.18 January 1 (b) Cash on Hand at 2246282.21 Begining of Reporting Period ..... 168189.61 508083.06 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 2414471.82 2698930.24 6(a) and 6(c) for Column B) ..... 334044.03 49585.61 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 2364886.21 2364886.21 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

FE6AN026

## DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 97

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

м м 0 4 D D 0 1

2010

To:

м м 0 4 D D D

Y Y Y Y 2 0 1 0

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From:  a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	103759.30	168007.79
	(ii) Unitemized	21236.41	45468.76
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	124995.71	213476.55
(I	b) Political Party Committees	0.00	0.00
`	c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	124995.71	213476.55
	ransfers From Affiliated/Other Party Committees	43000.00	286100.00
3. A	All Loans Received	0.00	0.00
	oan Repayments Received  Offsets To Operating Expenditures	0.00	0.00
(	Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)	0.00	0.00
to	o Federal candidates and Other Political Committees	0.00	7500.00
	Other Federal Receipts Dividends, Interest, etc.)	193.90	1006.51
	ransfers from Non-Federal and Levin Funds		
(;	a) Non-Federal Account (from Schedule H3)	0.00	0.00
(I	b) Levin Funds (from Schedule H5)	0.00	0.00
(0	c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	168189.61	508083.06
	otal Federal Receipts subtract Line 18(c) from Line 19)	168189.61	508083.06

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 97

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:  (a) Shared Federal/Non-Federal		-
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	335.61	10376.53
	Expenditures(c) Total Operating Expenditures	333.61	10376.33
	(add 21(a)(i), (a)(ii) and (b))	335.61	10376.53
22.	Transfers to Affiliated/Other Party	0.00	0.00
23.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	49250.00	323475.00
24.	Independent Expenditure	0.00	0.00
25.	(use Schedule E)	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
	Refunds of Contributions To:	0.00	0.00
(;	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
	(add Lines 20(a), (b), and (c))		0 0 0 0 0 0 0 0
29.	Other Disbursements	0.00	192.50
30.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(i) rederal Strate		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
	(-)(-),(-)(-),(-)(-),		
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	49585.61	334044.03
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	49585.61	334044.03

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 97

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
		0.
Total Contributions (other than loans)     from Line 11(d), page 3)	124995.71	213476.55
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
Net Contributions (other than loans) (subtract Line 34 from Line 33)	124995.71	213476.55
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	335.61	10376.53
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
Net Operating Expenditures     (subtract Line 37 from Line 36)	335.61	10376.53

FE6AN026

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  Any information copied from such Reports and	for each category of the Detailed Summary Page  d Statements may not be sold or used by any person	FOR LINE NUMBER: PAGE 6 / 97  (check only one)    X
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Hospital Association PAC	the name and address of any political committee to s	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Bo Beames Mailing Address P O Box 1009		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18160978
Socorro	NM 87801-1009	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Socorro General Hospital	Occupation Administrator	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)  Ms. Janet Carbary		Date of Receipt
Mailing Address 2430 West Pierce S		04 / 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18160979
Carlsbad  FEC ID number of contributing federal political committee.	NM 88220-3553	Amount of Each Receipt this Period  250.00
Name of Employer Carlsbad Medical Center	Occupation Chief Executive Officer	-
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. James H Hinton		Date of Receipt
Mailing Address P O Box 26666		04 02 2010
City <u>Albuquerque</u>	State Zip Code NM 87125-6666	Transaction ID: 18160980  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Presbyterian Healthcare Services	Occupation President and Chief Executive Officer	]
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	)	1000.00

## SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 97 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may not be sold or used by any perso he name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Lois Garner  Mailing Address 1400-6 Lake Pointe V	Way	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18160982
Centerville  FEC ID number of contributing federal political committee.	OH 45459-5850	Amount of Each Receipt this Period 350.00
Name of Employer Kettering Medical Center  Receipt For:  Primary General Other (specify) ▼	Occupation Nurse Manager  Aggregate Year-to-Date ▼  350.00	
Full Name (Last, First, Middle Initial) Mr. John A. Matessino Mailing Address 9521 Brookline Aven	ue	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18163535
Baton Rouge	LA 70809-8409	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1250.00
Name of Employer Louisiana Hospital Associ- ation	Occupation President & Chief Executive Officer	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Ms. Teri G Fontenot, , FACHE		Date of Receipt
Mailing Address P O Box 95009		0 4
City	State Zip Code	Transaction ID: 18163536
Baton Rouge	LA 70895-9009	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Woman's Hospital	Occupation President and Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	2100.00
TOTAL This Period (last page this line numb	er only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 97 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. William R Holman, , FACHE Mailing Address P O Box 2511  City Baton Rouge  FEC ID number of contributing federal political committee.  Name of Employer Baton Rouge General Medical Center Receipt For: Primary General Other (specify)	State Zip Code LA 70821-2511  C  Occupation President and Chief Executive Office  Aggregate Year-to-Date   500.00	Date of Receipt  M M M / D D / Y Y Y Y Y  O 1 2 0 1 0  Transaction ID: 18163537  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial) Mr. Robert L Hawley, , Jr., FAC  Mailing Address 1001 Gause Boulevard  City Slidell  FEC ID number of contributing federal political committee.  Name of Employer Slidell Memorial Hospital  Receipt For: Primary General Other (specify)	State Zip Code LA 70458-2987  C  Occupation Chief Executive Officer  Aggregate Year-to-Date  500.00	Date of Receipt  M M / D D / Y Y Y Y Y  O 1 2 0 1 0  Transaction ID: 18163538  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial) Mrs. Cindy J Rogers, , FACHE  Mailing Address 3421 Medical Park Driv  City  Monroe  FEC ID number of contributing federal political committee.  Name of Employer St. Patrick's Psychiatric Hospital Receipt For:  Primary  General  Other (specify)	State Zip Code LA 71203-2355  C  Occupation Chief Executive Officer  Aggregate Year-to-Date   500.00	Date of Receipt  M M O 1  Transaction ID: 18163539  Amount of Each Receipt this Period  500.00
SUBTOTAL of Receipts This Page (optional)		1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 97 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any person the name and address of any political committee to the sold of th	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr Warner L Thomas		Date of Receipt
Mailing Address 1514 Jefferson Highw	•	04 / 01 / 2010
City	State Zip Code LA 70121-2484	Transaction ID: 18163542
New Orleans  FEC ID number of contributing federal political committee.	C 70121-2484	Amount of Each Receipt this Period 500.00
Name of Employer Ochsner Medical Center	Occupation President and Chief Operating Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. John J Finan, , Jr.  Mailing Address 4200 Essen Lane		Date of Receipt
		04 01 2010
City	State Zip Code  LA 70809-2196	Transaction ID: 18163543
Baton Rouge  FEC ID number of contributing federal political committee.	LA 70809-2196	Amount of Each Receipt this Period  500.00
Name of Employer Franciscan Missionaries of Our Lady He Receipt For:	Occupation President and Chief Executive Officer	-
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Sean M. Prados, MPA		Date of Receipt
Mailing Address 9521 Brookline Avenu	ue	0 4 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18163544
Baton Rouge  FEC ID number of contributing federal political committee.	LA 70809-8409	Amount of Each Receipt this Period 500.00
Name of Employer Louisiana Hospital Associ- ation	Occupation Senior Vice President	
Receipt For:  Primary General	Aggregate Year-to-Date ▼ 500.00	
Other (specify) ▼		
SUBTOTAL of Receipts This Page (optional)		1500.00
TOTAL This Period (last page this line number	er only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Κ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 10/97   (check only one)     X   11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee
NAME OF COMMITTEE (In Full)  American Hospital Association PAG	<u> </u>	areas or any pointed committee to	COLOR CONTRIBUTION CONTRIBUTION
Full Name (Last, First, Middle Initial) Mr. Paul A. Salles			Date of Receipt
Mailing Address 644 Apache Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Abita Springs	State LA	Zip Code 70420-3331	Transaction ID: 18163545  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Metropolitan Hospital Council of New O Receipt For:  Primary General Other (specify) ▼		t & Chief Executive Officer e Year-to-Date  500.00	
Full Name (Last, First, Middle Initial) Mr. Steve Worley Mailing Address 200 Henry Clay Ave	enue		Date of Receipt  0 4 0 1 2 0 1 0
City	State	Zip Code	Transaction ID: 18163546
New Orleans	LA	70118-5798	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Children's Hospital	Occupation Presiden	n t and Chief Executive Office	_
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Michael O'Bryan, , M.D.	I		Date of Receipt
Mailing Address 2500 Belle Chasse	Highway		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Terrytown	State LA	Zip Code 70056-7127	Transaction ID: 18163548  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70000 7127	500.00
Name of Employer Ochsner Medical Center - West Bank		ecutive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	I		1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 97 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  American Hospital Association PAC	d Statements may not be sold or used by any person the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Milton D Bourgeois, , Jr.		Date of Receipt
Mailing Address 4608 Highway 1		0 4 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18163549
Raceland	LA 70394-2623	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Ochsner St. Anne General Hospital	Occupation Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. William Adock		Date of Receipt
Mailing Address 901 James Avenue		M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18163550
<u>Farmerville</u>	LA 71241-2234	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Union General Hospital	Occupation Chief Financial Officer	
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 250.00	_
Full Name (Last, First, Middle Initial) Ms. Evalyn Ormond	I	Date of Receipt
Mailing Address P O Box 398		0 4 0 1 2 0 1 0
City	State Zip Code	Transaction ID: 18163551
<u>Farmerville</u>	LA 71241-0398	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Union General Hospital	Occupation Administrator	1
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	1000.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 97 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	atements may not be sold or used by any poname and address of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
<b>∠</b> <b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Rick Guevara Mailing Address 200 Henry Clay Avenue City	State Zip Code	Date of Receipt    M
	New Orleans	LA 70118-5798	Transaction ID: 18163552  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C 70110-3730	250.00
	Name of Employer Children's Hospital  Receipt For:  Primary  Other (specify) ▼	Occupation Vice-President of Legal Affairs  Aggregate Year-to-Date ▼  250.00	
3.	Full Name (Last, First, Middle Initial) Dr. Patrick J Quinlan, , M.D. Mailing Address 1514 Jefferson Highwa	у	Date of Receipt  0 4 0 1 2 0 1 0
	City	State Zip Code	Transaction ID: 18163557
	New Orleans	LA 70121-2484	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Ochsner Health System	Occupation Chief Executive Officer	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
- ).	Full Name (Last, First, Middle Initial) Mr. Johnny Koch		Date of Receipt
	Mailing Address 8440 Jefferson Hwy., #	301	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 18163558
	Baton Rouge	LA 70809-7652	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer HCA-Louisiana	Occupation Legal Counsel	
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	· .
	SUBTOTAL of Receipts This Page (optional)		750.00
	TOTAL This Period (last page this line number	nnlv)	

	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 97 (check only one)  X 11a 11b 11c 12 13 14 15 16
or for comm	ation copied from such Reports and S nercial purposes, other than using the DF COMMITTEE (In Full) can Hospital Association PAC	tatements ma name and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Mr. K Sc	ne (Last, First, Middle Initial) out Wester, , FACHE Address 5000 Hennessy Boulev	vard State LA	Zip Code 70808-4375	Date of Receipt  M M M / D D / Y Y Y Y Y  0 4 0 1 2 0 1 0  Transaction ID: 18163559  Amount of Each Receipt this Period
FEC ID federal p	number of contributing political committee.	С		250.00
onal Me Receipt Pr		. '	n t and Chief Executive Officer e Year-to-Date ▼ 250.00	
Mr. Todo	ne (Last, First, Middle Initial) d Delahoussaye Address 1701 Oak Park Boulev	rard		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 18163560
<u>Lake C</u>	Charles	LA	70601-8911	Amount of Each Receipt this Period
	number of contributing political committee.	С		250.00
<u>pital</u> Receipt Pr	f Employer narles Memorial Hos-  For: rimary General ther (specify) ▼		n Specialty & Physician Service e Year-to-Date ▼ 250.00	s
Ms. Don	ne (Last, First, Middle Initial) na D. Poduska, MS, RN, CN Address 2430 Merino Court			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 18165975
Fort Co	ollins	CO	80526-1431	Amount of Each Receipt this Period
federal p	number of contributing political committee.	С		350.00
Name of Poudre Receipt	f Employer Valley Hospital	<del>, '</del>	of Resource Services	
Pr	run. rimary General ther (specify) ♥	Aggregate	e Year-to-Date ▼ 350.00	
SUBTOTA	AL of Receipts This Page (optional)			850.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 97 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Hospital Association PAC	d Statements may not be sold or used by any person the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)		
Mr. James I Miller  Mailing Address 77 Pringle Way		Date of Receipt  0 4  0 2  2 0 1 0
City	State Zip Code	Transaction ID: 18165985
Reno	NV 89502-1474	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Renown Health	Occupation President and Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. William Mason Moss		Date of Receipt
Mailing Address 2300 Opitz Bouleva	rd	M M / D D / Y Y Y Y Y Y O A 0 2 2 0 1 0
City	State Zip Code	Transaction ID: 18166013
<u>Woodbridge</u>	VA 22191-3311	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Potomac Hospital	Occupation CEO, Potomac Hospital Foundation	-
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr. Laurens Sartoris		Date of Receipt
Mailing Address 7 East Glenbrooke (	Circle	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18166017
Richmond	VA 23229-8001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Virginia Hospital & Healt- hcare Associa	Occupation President	1
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify) ▼	350.00	
	1	

## SCHEDULE A (FEC Form 3X)

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 97 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
(	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
<b>4.</b>	Full Name (Last, First, Middle Initial) Mr. Mark S. Stauder  Mailing Address 10005 Fox Spring Ct  City Oakton  FEC ID number of contributing federal political committee.  Name of Employer Inova Health System	State VA C		Date of Receipt  M M M / D D / Y Y Y Y Y  O 2 2 0 1 0  Transaction ID: 18166019  Amount of Each Receipt this Period  350.00
_	Receipt For: Primary General Other (specify)	_	t and Chief Executive Officer e Year-to-Date ▼ 350.00	
3.	Full Name (Last, First, Middle Initial) Ms. Ellen Yoder  Mailing Address 802 Reliance Rd			Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	City	State	Zip Code	Transaction ID: 18166024
	Middletown	VA	22645-3702	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		350.00
	Name of Employer Valley Health System	Occupatio	<sup>n</sup> e Director	
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 350.00	
- ;.	Full Name (Last, First, Middle Initial) Dr. Richard P. de Filippi, Ph.D.			Date of Receipt
	Mailing Address 189 Upland Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 18170803
	Cambridge	MA	02140-3604	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Cambridge Health Alliance	Occupatio Trustee	n	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)			1700.00
	TOTAL This Period (last page this line number of	anly)	•	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 97 (check only one)    X
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	statements may n name and addre	ot be sold or used by any perso ss of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>∠</b> <b>\</b> .	Full Name (Last, First, Middle Initial) Ms. Cindy R. Turner  Mailing Address P O Drawer 1987	Stata	7in Codo	Date of Receipt  0 4 0 5 2 0 1 0
	City Alma	State GA	Zip Code 31510-1987	Transaction ID: 18170831  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	31310-1907	250.00
	Name of Employer Bacon County Hospital and Health Syste Receipt For: Primary General Other (specify)		utive Officer ear-to-Date ▼ 250.00	]
3.	Full Name (Last, First, Middle Initial) Mr. Don Faulk, Jr., FACHE Mailing Address P O Box 6000			Date of Receipt  0 4 0 5 2 0 1 0
	City	State	Zip Code	Transaction ID: 18170845
	<u>Macon</u>	GA	31208-6000	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Medical Center of Central Georgia	Occupation President		
	Receipt For:  Primary General  Other (specify)	Aggregate Y	ear-to-Date ▼ 500.00	]
_	Full Name (Last, First, Middle Initial) Ms Jean Aycock			Date of Receipt
	Mailing Address 821 North Cobb Street	t		04 05 2010
	City	State	Zip Code	Transaction ID: 18170846
	Milledgeville	GA	31061-2343	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Oconee Regional Medical Center	Occupation President 8		
	Receipt For: Primary General Other (specify)	Aggregate Y	ear-to-Date ▼ 250.00	
Γ,	SUBTOTAL of Receipts This Page (optional)	1		1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  Any information copied from such Benories at	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 97 (check only one)    X
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Hospital Association PAG	the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Timothy Stack, FACHE		Date of Receipt
Mailing Address 2001 Peachtree Rd	NE, 400	04 05 2010
City	State Zip Code	Transaction ID: 18170847
<u>Atlanta</u>	GA 30309-1476	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Piedmont Healthcare	Occupation President and Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. William L Anderson		Date of Receipt
Mailing Address 11175 Cicero Drive	, Suite 300	04 05 2010
City	State Zip Code	Transaction ID: 18170848
Alpharetta	GA 30022-1166	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Regency Hospital Company	Occupation President and Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr Edward Gambrell		Date of Receipt
Mailing Address 163 Hospital Drive		0 4 0 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18170850
Toccoa	GA 30577-6820	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Stephens County Hospital	Occupation Administrator	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	ı)	1000.00

SCHEDULE A (FEC Form SITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:
Any information copied from such Reports or for commercial purposes, other than usi  NAME OF COMMITTEE (In Full)  American Hospital Association P	and Statements may not be sold or used by any persoring the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. James A. Cruickshank		Date of Receipt
Mailing Address 2260 Wrightsboro	o Road	04 05 2010
City	State Zip Code	Transaction ID: 18170852
Augusta	GA 30904-4764	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Trinity Hospital of Augus- ta	Occupation Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Roger J Allman		Date of Receipt
Mailing Address 510 Miles Ridge I	Road	0 4 0 7 2 0 1 0
City	State Zip Code	Transaction ID: 18170857
<u>Madison</u>	IN 47250-2420	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer King's Daughters' Hospital and Health	Occupation Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Randy J. Hawkins	I	Date of Receipt
Mailing Address 807 Limestone R	un Road	0 4 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Bedford	State Zip Code IN 47421-8912	Transaction ID: 18170859  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Bedford Regional Medical Center	Occupation Board Member/Trustee	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optic	onal)	750.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 97 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
A	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Mr. Douglas J Leonard		Date of Receipt
	Mailing Address 2574 Califorinia Stree	t	0 4 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 18170860
	Columbus	IN 47201-3649	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Indiana Hospital Associat- ion	Occupation President	
	Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
	Other (specify)	1000.00	
_	Full Name (Last, First, Middle Initial) Mr. Brian Tabor	1	Date of Receipt
	Mailing Address 10762 Forest Lake Co	purt	04 07 2010
	City	State Zip Code	Transaction ID: 18170862
	Indianapolis	IN 46278-9610	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Indiana Hospital Associat- ion	Occupation Vice President	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	500.00	
_	Full Name (Last, First, Middle Initial) Mrs. Bernice C. Ulrich	1	Date of Receipt
	Mailing Address 4655 Running Brook	Terrace	04 07 YYYY 2010
	City	State Zip Code	Transaction ID: 18170863
	Greenwood	IN 46143-9255	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Indiana Hospital Associat- ion	Occupation Vice President	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
Γ			1750.00
-	SUBTOTAL of Receipts This Page (optional) .		1/30100

SCHEDULE A (FEC Form SITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 97 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
or for commercial purposes, other than usi	and Statements may not be sold or used by any persoring the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Hospital Association P	AC	
Full Name (Last, First, Middle Initial) Mr. David H. Wiesman		Date of Receipt
Mailing Address 4521 Hickory Gro	ove Blvd.	04 07 2010
City	State Zip Code	Transaction ID: 18170864
Greenwood	IN 46143-7448	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Indiana Hospital Associat- ion	Occupation Vice President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Lars D Houmann		Date of Receipt
Mailing Address 601 East Rollins	Street	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18170924
Orlando	FL 32803-1248	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1100.00
Name of Employer Florida Hospital	Occupation President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Mr. Stephen Mason		Date of Receipt
Mailing Address 3909 Snapper Po	ointe Drive	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18170926
<u>Tampa</u>	FL 33611-1030	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer BayCare Health System	Occupation President & CEO	
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (option	onal)	2600.00

SCHEDULE A (FEC Form 3 TEMIZED RECEIPTS	for each category of the  Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 97 (check only one)    X   11a
Any information copied from such Reports or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Hospital Association Pull)	and Statements may not be sold or used by any persor ng the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Alfred G Stubblefield		Date of Receipt
Mailing Address 1717 North 'E' Str	reet, Ste 320	0 4 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18170927
Pensacola	FL 32501-6377	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Baptist Health Care Corpo- ration	Occupation President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Ms. Deanna Schaeffer		Date of Receipt
Mailing Address 400 N. Clyde Mor	ris Blvd	0 4 0 7 2 0 1 0
City	State Zip Code	Transaction ID: 18170928
Daytona Beach	FL 32114-2731	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Halifax Health Medical Ce- nter of Dayto	Occupation CEO, Healthy Communities & GR Offi	- ider
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. James R Nathan	<b>L</b>	Date of Receipt
Mailing Address P O Box 2218		04 07 7 2010
City	State Zip Code	Transaction ID: 18170952
Fort Myers	FL 33902-2218	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Lee Memorial Hospital	Occupation President and Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
OUDTOTAL (D Till D ( . ii	nal)	2500.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	fo	se separate schedule(s) r each category of the etailed Summary Page	FOR LINE NUMBER: PAGE 22 / 97 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports and Sor for commercial purposes, other than using the		<i>.</i>	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  American Hospital Association PAC	e name and address	or any pointed committee to	Solicit Contributions from Such Committee.
Full Name (Last, First, Middle Initial) Mr. Zeff Ross			Date of Receipt
Mailing Address 10213 Capri St.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18170953
Hollywood	FL	33026-4637	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Memorial Regional Hospital	Occupation Senior Vice P	resident, Operations	
Receipt For:	Aggregate Year		1
Primary General Other (specify) ▼	1.55.254.0	1000.00	
Full Name (Last, First, Middle Initial) Mr. Ronald A Hytoff	1		Date of Receipt
Mailing Address P O Box 1289			0 4 0 7 Y Y Y Y
City	State	Zip Code	Transaction ID: 18170954
<u>Tampa</u>	FL	33601-1289	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Tampa General Hospital	Occupation President and	I Chief Executive Office	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year	-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Mr. Rob Fulbright	<u> </u>		Date of Receipt
Mailing Address 331 Kentucky Blue Ci	rcle		04 07 2010
City		Zip Code	Transaction ID: 18170955
<u>Apopka</u>	FL	32712-4721	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Florida Hospital-Altamonte	Occupation Senior Vice P	resident	
Receipt For:	Aggregate Year	r-to-Date ▼	
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional) .			2250.00

FEC ID number of contributing federal political committee.  Name of Employer Florida Hospital  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Ms. Sue G Brody Mailing Address 701 Sixth Street South  City State Zip Saint Petersburg FL 33:  FEC ID number of contributing federal political committee.  Name of Employer Bayfront Medical Center  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Ms. Diane S. Raines  Mailing Address 4090 San Jose Boulevard  City State Zip  State Zip	Date of Receipt  Ode  Transaction ID: 18170956  Amount of Each Receipt this Period  250.00
A. Ms. Eddie Soler  Mailing Address 250 Kentucky blue Circle  City State Zip Apopka FL 32:  FEC ID number of contributing federal political committee.  Name of Employer Florida Hospital Chief Financial © Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Ms. Sue G Brody Mailing Address 701 Sixth Street South  City State Zip Saint Petersburg FL 33:  FEC ID number of contributing federal political committee.  Name of Employer Bayfront Medical Center  Receipt For: Primary General Other (specify) ▼  C. Aggregate Year-to  C C  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Ms. Diane S. Raines  Mailing Address 4090 San Jose Boulevard  City State Zip Jacksonville FL 32:  FEC ID number of contributing	M M
City Apopka FL 32  FEC ID number of contributing federal political committee.  Name of Employer Florida Hospital Chief Financial of Chief Financi	0 4 0 7 2 0 1 0  Transaction ID: 18170956  Amount of Each Receipt this Period  250.00  ### ### ### ### #### #############
Apopka  FEC ID number of contributing federal political committee.  Name of Employer Florida Hospital  Receipt For:  Primary  Other (specify)  Mailing Address  FL  Saint Petersburg  FEC ID number of contributing federal political committee.  Name of Employer Bayfront Medical Center  Primary  General  C  C  Aggregate Year-to-  Aggregate Year-to-  City  State  Zip  FL  33:  FEC ID number of contributing federal political committee.  Name of Employer Bayfront Medical Center  Primary  General  Other (specify)  Full Name (Last, First, Middle Initial)  Receipt For:  Primary  General  Other (specify)  Tull Name (Last, First, Middle Initial)  Receipt For:  Primary  General  Other (specify)  Tull Name (Last, First, Middle Initial)  State  Aggregate Year-to-  State  Aggregate Year-to-  State  Aggregate Year-to-  State  Tull Name (Last, First, Middle Initial)  State  State  Tull Name (Last, First, Middle Initial)  State  State  Zip  Jacksonville  FL  32:  FEC ID number of contributing	Amount of Each Receipt this Period  250.00  fficer  Date   250.00
FEC ID number of contributing federal political committee.  Name of Employer Florida Hospital  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Ms. Sue G Brody  Mailing Address 701 Sixth Street South  City State Zip Saint Petersburg FL 33:  FEC ID number of contributing federal political committee.  Name of Employer Bayfront Medical Center  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Ms. Diane S. Raines  Mailing Address 4090 San Jose Boulevard  City State Zip Jacksonville FL 32:  FEC ID number of contributing	250.00  fficer pate ▼  250.00
Receipt For:  Primary  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Ms. Sue G Brody  Mailing Address 701 Sixth Street South  City  Saint Petersburg  FEC ID number of contributing federal political committee.  Name of Employer Bayfront Medical Center  Receipt For:  Primary  General  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Ms. Diane S. Raines  Mailing Address 4090 San Jose Boulevard  City  Jacksonville  FEC ID number of contributing	Date ▼ 250.00
Receipt For:  Primary  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Ms. Sue G Brody  Mailing Address 701 Sixth Street South  City  Saint Petersburg  FEC ID number of contributing federal political committee.  Name of Employer Bayfront Medical Center  Primary  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Ms. Diane S. Raines  Mailing Address 4090 San Jose Boulevard  City  Jacksonville  FEC ID number of contributing	Date ▼ 250.00
Ms. Sue G Brody  Mailing Address 701 Sixth Street South  City State Zip  Saint Petersburg FL 33:  FEC ID number of contributing federal political committee.  Name of Employer Bayfront Medical Center  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Ms. Diane S. Raines  Mailing Address 4090 San Jose Boulevard  City State Zip  Jacksonville FL 32:  FEC ID number of contributing	Date of Receipt
City State Zip Saint Petersburg FL 33:  FEC ID number of contributing federal political committee.  Name of Employer Bayfront Medical Center  Receipt For: Aggregate Year-to- Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Ms. Diane S. Raines  Mailing Address 4090 San Jose Boulevard  City State Zip Jacksonville FL 32:  FEC ID number of contributing	
Saint Petersburg  FEC ID number of contributing federal political committee.  Name of Employer Bayfront Medical Center  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Ms. Diane S. Raines  Mailing Address 4090 San Jose Boulevard  City State Zip Jacksonville  FEC ID number of contributing	04 07 2010
FEC ID number of contributing federal political committee.  Name of Employer Bayfront Medical Center  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Ms. Diane S. Raines  Mailing Address 4090 San Jose Boulevard  City State Zip Jacksonville FEC ID number of contributing	Code Transaction ID: 18171941
Bayfront Medical Center  Receipt For:  Primary  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Ms. Diane S. Raines  Mailing Address 4090 San Jose Boulevard  City  Jacksonville  FL 323  FEC ID number of contributing	Amount of Each Receipt this Period  1000.00
Primary General Other (specify)  Full Name (Last, First, Middle Initial) Ms. Diane S. Raines Mailing Address 4090 San Jose Boulevard  City State Zip Jacksonville FL 322  FEC ID number of contributing	ief Executive Officer
Ms. Diane S. Raines  Mailing Address 4090 San Jose Boulevard  City State Zip  Jacksonville FL 323  FEC ID number of contributing	0ate ▼ 1000.00
City State Zip  Jacksonville FL 322  FEC ID number of contributing	Date of Receipt
Jacksonville FL 322  FEC ID number of contributing	M M / D D / Y Y Y Y
FEC ID number of contributing	04 07 2010
	0 4 0 7 2 0 1 0  Code Transaction ID: 18171942
Name of Employer Baptist Health Occupation Senior Vice Pres	04 07 2010
Receipt For:  Primary  General  Other (specify) ▼  Aggregate Year-to-	0 4 0 7 2 0 1 0  Transaction ID: 18171942  Amount of Each Receipt this Period  250.00
SUBTOTAL of Receipts This Page (optional)	0 4 0 7 2 0 1 0  Transaction ID: 18171942  Amount of Each Receipt this Period  250.00  dent

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 97 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports ar or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Hospital Association PAG	nd Statements may not be sold or used by any person the name and address of any political committee to a	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Ed Noseworthy		Date of Receipt
Mailing Address 587 Broadoak Loop		04 07 2010
City	State Zip Code	Transaction ID: 18171943
Sanford	FL 32773-6604	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Florida Hospital East Orl- ando	Occupation Administrator	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Hugh Greene	<b>L</b>	Date of Receipt
Mailing Address 800 Prudential Driv	re	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18171945
<u>Jacksonville</u>	FL 32207-8202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Baptist Health	Occupation President and Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Mr. Mark E. Robitaille		Date of Receipt
Mailing Address 53 S. River Road		04 07 2010
City <u>Stuart</u>	State Zip Code FL 34996-6723	Transaction ID: 18172011  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Martin Memorial Health Sy- stems	Occupation President & CEO	1
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	al)	2500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 97 (check only one)  X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using t  NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any person the name and address of any political committee to s	for the purpose of soliciting contributions solicit contributions from such committee.
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Emil P Miller		Date of Receipt
Mailing Address 110 Longwood Aven	nue	0 4 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18172012
Rockledge	FL 32955-2828	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Wuesthoff Health System	Occupation President and Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. John lacuone, MD	<b>L</b>	Date of Receipt
Mailing Address 9981 South HealthP	ark Drive	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18172013
Fort Myers	FL 33908-3618	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Lee Memorial Health System	Occupation Executive Director	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Laura Kaiser	<b>_</b>	Date of Receipt
Mailing Address 5151 N. Ninth Ave		0 4 0 7 2 0 1 0
City	State Zip Code	Transaction ID: 18172014
Pensacola	FL 32504-8721	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Sacred Heart Hospital of Pensacola	Occupation President & CEO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	)	2350.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 97 (check only one)    X   11a
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person ne name and address of any political committee to s	for the purpose of soliciting contributions colicit contributions from such committee.
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Stephen A Purves, , FACHE		Date of Receipt
Mailing Address P O Box 6000		0 4 0 7 2 0 1 0
City	State Zip Code	Transaction ID: 18172015
<u>Ocala</u>	FL 34478-6000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Munroe Regional Medical	Occupation	
Center Receipt For:	President and Chief Executive Officer	-
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Mr. Philip E. Boyce		Date of Receipt
Mailing Address 3563 Phillips Highwa Suite 101	у	04 07 2010
City	State Zip Code	Transaction ID: 18172017
<u>Jacksonville</u>	FL 32207-5663	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Baptist Health	Occupation Senior Vice President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ms. Dana Ferrell		Date of Receipt
Mailing Address 3303 Park Street		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18172019
<u>Jacksonville</u>	FL 32205-7830	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer Nemours Children's Clinic	Occupation Director of Government Relations	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	2000.00

SCHEDULE A (FEC Form : ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 97 (check only one)    X
Any information copied from such Reports or for commercial purposes, other than us	and Statements may not be sold or used by any persoing the name and address of any political committee to	
NAME OF COMMITTEE (In Full)  American Hospital Association P	PAC	
Full Name (Last, First, Middle Initial) Mr. Douglas Baer		Date of Receipt
Mailing Address 3599 University E	Blvd South	0 4 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18172020
Jacksonville  FEC ID number of contributing federal political committee.	FL 32216-4252	Amount of Each Receipt this Period 250.00
Name of Employer Brooks Rehabilitation Hos-	Occupation Chief Executive Officer	
pital Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Mr. Richard K. Reiner		Date of Receipt
Mailing Address 2711 Orchard Dr	ive	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: 18172021
<u>Apopka</u>	FL 32712-4501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Adventist Health System	Occupation Trustee/Board Chair	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Mr. James Angle		Date of Receipt
Mailing Address 1176 Lake Point	Cove	0 4
City	State Zip Code	Transaction ID: 18172045
Pittsgrove	NJ 08318-9184	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Memorial Hospital of Salem County	Occupation CEO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
CURTOTAL (CResident Title Records)	onal)	1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 97 (check only one)  X 11a 11b 11c 12  13 14 15 16
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Aline M. Holmes		Date of Receipt
Mailing Address 19 Ashford Drive		04 09 2010
City	State Zip Code	Transaction ID: 18172058
Plainsboro	NJ 08536-3632	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer New Jersey Hospital Assoc-	Occupation Senior VP, Clinical Affairs	
iation Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Mr Warren E Beck	ı	Date of Receipt
Mailing Address 3319 West End Ave		M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18172593
<u>Nashville</u>	TN 37203-1059	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Vanderbilt University Med- ical Center	Occupation Sr. Vice President/CFO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Craig A. Becker		Date of Receipt
Mailing Address 9616 Brunswick		M M / D D / Y Y Y Y Y O D O D O D O D O D O D O D O
City	State Zip Code	Transaction ID: 18172594
Brentwood	TN 37027-8467	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Tennessee Hospital Associ- ation	Occupation President	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	2000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 97 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	
NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Scott Bowman		Date of Receipt
Mailing Address 304 Wright Street		04 08 2010
City	State Zip Code	Transaction ID: 18172595
Sweetwater	TN 37874-2897	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Sweetwater Hospital	Occupation Administrator	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ms. Charlotte Burns		Date of Receipt
Mailing Address 935 Wayne Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18172596
Savannah	TN 38372-1937	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Hardin Medical Center	Occupation Administrator and Chief Executive Off	i
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr. Bobby Couch		Date of Receipt
Mailing Address P.O. Box 1490		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18172597
Manchester	TN 37349-4490	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Medical Center of Manches- ter	Occupation Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	·····	1350.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 97 (check only one)    X   11a
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may not be sold or used by any persename and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Joseph M Dawson Mailing Address 907 East Lamar Alexa	ander Pkwy	Date of Receipt  0 4 0 8 2 0 1 0
City Maryville	State Zip Code TN 37804-5016	Transaction ID: 18172598
FEC ID number of contributing federal political committee.	C 37804-5016	Amount of Each Receipt this Period  1000.00
Name of Employer Blount Memorial Hospital Receipt For:	Occupation Administrator  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Ms. Marilyn Dubree Mailing Address 1211 22nd Avenue Sc	outh	Date of Receipt
AA-120 MCN City	State Zip Code	0 4 0 8 2 0 1 0 Transaction ID: 18172599
<u>Nashville</u>	TN 37232-0004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Vanderbilt University Med- ical Center	Occupation Director	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Fred Gattas, Jr.		Date of Receipt
Mailing Address 5000 Summer Ave.		04 08 2010
City <u>Memphis</u>	State Zip Code TN 38122-4335	Transaction ID: 18172600  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer St. Jude Children's Resea- rch Hospital Receipt For:	Occupation Trustee  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
CURTOTAL of Descirts This Desc (entires)		1850.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  Any information copied from such Benorts a	Use separate schedule(s) for each category of the Detailed Summary Page and Statements may not be sold or used by any person	FOR LINE NUMBER: PAGE 31 / 97 (check only one)  X 11a 11b 11c 12 13 14 15 16 1  for the purpose of soliciting contributions
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Hospital Association PA	g the name and address of any political committee to s	olicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Larry Goldberg		Date of Receipt
Mailing Address 1211 22nd Avenue	South	04 08 2010
City	State Zip Code	Transaction ID: 18172601
Nashville	TN 37232-0004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Vanderbilt University Med- ical Center	Occupation Executive Director and Chief Executive	- -
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Mr. Robert S. Gordon Mailing Address 7891 Cross Pike D		Date of Receipt
City	State Zip Code	0 4 0 8 2 0 1 0 Transaction ID: 18172602
Germantown	TN 38138-8117	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Baptist Memorial Health Care Corporati	Occupation Executive Vice President & CAO	-
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Mr. Joseph Landsman		Date of Receipt
Mailing Address 1924 Alcoa Highwa	ay, Box 81	0 4 0 8 2 0 1 0
City	State Zip Code	Transaction ID: 18172604
Knoxville	TN 37920-1511	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer University of Tennessee Medical Center	Occupation President and Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (option	nal)	3000.00

## SCHEDULE A (FEC Form 3X)

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 97 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	atements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
<b>∠</b> <b>4</b> .	Full Name (Last, First, Middle Initial) Mr. Wesley Littrell Mailing Address 2000 Church Street  City Nashville	State Zip Code TN 37236-0002	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee.  Name of Employer Baptist Hospital  Receipt For:  Primary General  Other (specify)	Occupation Chief Operating Officer Aggregate Year-to-Date  1000.00	1000.00
В.	Full Name (Last, First, Middle Initial) Mr. Robert P Main Mailing Address One Siskin Plaza  City Chattanooga  FEC ID number of contributing federal political committee.  Name of Employer Siskin Hospital for Physical Rehabilit Receipt For:  Primary General Other (specify)	State Zip Code TN 37403-1306  C  Occupation President and Chief Executive Officer Aggregate Year-to-Date  1000.00	Date of Receipt  M M M / D D / Y Y Y Y Y  O 4 0 8 2 0 1 0  Transaction ID: 18172606  Amount of Each Receipt this Period
_ C.	Full Name (Last, First, Middle Initial) Mr. Anthony L Spezia Mailing Address 100 Fort Sanders West City Knoxville FEC ID number of contributing federal political committee.  Name of Employer Covenant Health Receipt For:	State Zip Code TN 37922-3353  C  Occupation President and Chief Executive Officer Aggregate Year-to-Date	Date of Receipt  M M M O 8 2 0 1 0  Transaction ID: 18172607  Amount of Each Receipt this Period  250.00
	Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)	1250.00	2250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 33 / 97 (check only one)  X 11a 11b 11c 12
		Detailed Summary Page	13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Ms. Thelma K. Traut			Date of Receipt
Mailing Address 1080 Cedar Drive Cedar Lake Estates			04 08 7 2010
City	State	Zip Code	Transaction ID: 18172608
Camden	TN	38320-6033	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Baptist Memorial Hospital-	Occupatio Vice Cha		
Huntingdon Receipt For:	_ '	e Year-to-Date	-
Primary General	Aggregate		1
Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Ms. Karen Utley	1		Date of Receipt
Mailing Address 708 West Forest Aven	nue		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18172609
Jackson	TN	38301-3901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer West Tennessee Healthcare	Occupatio Vice Pre	n sident, System Services	
Receipt For:	1 '	e Year-to-Date ▼	
Primary General Other (specify) ▼		1000.00	]
Full Name (Last, First, Middle Initial) Mr. Dennis Vonderfecht			Date of Receipt
Mailing Address 701 N State of Frankli	n, Ste 1		0 4 0 8 2 0 1 0
City	State	Zip Code	Transaction ID: 18172610
Johnson City	TN	37604-3645	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Mountain States Health Al- liance	Occupatio Presiden	n t and Chief Executive Office	- r
Receipt For:	1	e Year-to-Date ▼	
Primary General Other (specify) ▼		1000.00	
SUBTOTAL of Receipts This Page (optional)			2500.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  American Hospital Association PA	and Statements may not be sold or used by any persong the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)		T
Mr. Charles H Whitfield, , Jr.		Date of Receipt
Mailing Address 1420 Tusculum B	oulevard	0 4
City	State Zip Code	Transaction ID: 18172611
Greeneville	TN 37745-5825	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Laughlin Memorial Hospital	Occupation President and Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Mr. Dennis E Klima	L	Date of Receipt
Mailing Address 640 South State S	Street	M M / D D / Y Y Y Y Y O 10 0 4 0 8 2 0 1 0
City	State Zip Code	Transaction ID: 18174130
Dover	DE 19901-3597	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	800.00
Name of Employer Bayhealth Medical Center	Occupation President and Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) Mr. F. Kenneth Ackerman, Jr.		Date of Receipt
Mailing Address 901 Marquette Av Suite 2100	enue South	04 09 4 2010
City <u>Minneapolis</u>	State Zip Code MN 55402-3713	Transaction ID: 18174751  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Integrated Healthcare Str- ategies	Occupation Chairman	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (option	nal)	2800.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 97 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports and sor for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Ms. Dawn Straub			Date of Receipt
Mailing Address 5713 N 115th Circle			$ \begin{bmatrix} \begin{smallmatrix} M & M & M \\ O & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} $
City	State	Zip Code	Transaction ID: 18174827
<u>Omaha</u>	NE	68164-1466	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer Nebraska Medical Center	Occupatio Director,	n Nursing Resources & Dev	
Receipt For:	_ '	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	350.00	
Full Name (Last, First, Middle Initial) Mr. Glenn A Fosdick, , FACHE	1		Date of Receipt
Mailing Address 987400 Nebraska Med	dical Center		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18175045
Omaha	NE	68198-7400	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Nebraska Medical Center	Occupatio Presiden	n t and Chief Executive Office	 r
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Stephen L Goeser			Date of Receipt
Mailing Address 8303 Dodge Street			04 09 2010
City	State	Zip Code	Transaction ID: 18175046
<u>Omaha</u>	NE	68114-4108	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Nebraska Methodist Hospit- al	Occupatio Presiden	n t and Chief Executive Office	r
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional) .			1100.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 97 (check only one)    X
or f	or commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
۵.	Full Name (Last, First, Middle Initial) Mr. Ken Klaasmeyer		Date of Receipt
	Mailing Address 3018 N 131st St		04 09 7 2010
	City	State Zip Code	Transaction ID: 18175049
	Omaha	NE 68164-4226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Nebraska Methodist Health System, Inc.	Occupation Vice President	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Ms. Laura J. Redoutey, FACHE		Date of Receipt
	Mailing Address 1863 Folkways		04 09 2010
	City	State Zip Code	Transaction ID: 18175071
	Lincoln	NE 68521-5077	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Nebraska Hospital Associa- tion	Occupation President	
	Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
	Other (specify)	500.00	
	Full Name (Last, First, Middle Initial) Mr. Matthew J. Angela		Date of Receipt
	Mailing Address 1151 East Warrenville	Rd.	04 09 2010
	City	State Zip Code	Transaction ID: 18175075
	Naperville	IL 60563-9339	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Illinois Hospital Associa- tion	Occupation Senior Director	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
SI	JBTOTAL of Receipts This Page (optional)		1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 97 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr Peter W Butler		Date of Receipt
Mailing Address 1653 West Congress F  City	Parkway State Zip Code	0 4 0 9 2 0 1 0 Transaction ID: 18175076
<u>Skokie</u>	IL 60612-3864	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Rush University Medical	Occupation  Executive Vice President and Chief Operation	ne.
Center  Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr J.R. Clapp		Date of Receipt
Mailing Address 3513 N. Fremont St Apt. 1		04 09 7 2010
City	State Zip Code	Transaction ID: 18175077
Chicago	IL 60657-2992	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Rush University Medical Center	Occupation Senior Vice President, Hospital Affair	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Edgar J Curtis		Date of Receipt
Mailing Address 701 North First Street		04 09 2010
City Springfield	State Zip Code IL 62781-0001	Transaction ID: 18175078
FEC ID number of contributing federal political committee.	C 62/81-0001	Amount of Each Receipt this Period 500.00
Name of Employer Memorial Medical Center	Occupation President and Chief Executive Officer	1
Receipt For:  Primary  General  Other (specify)	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1250.00
TOTAL This Period (last page this line number		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 97 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may not be sold or used by any persor g the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Hospital Association PA	С	
Full Name (Last, First, Middle Initial) Mr. Kevin R. England		Date of Receipt
Mailing Address 1800 Grist Mill Driv	Ve State Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Springfield	IL 62711-8113	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Memorial Health System	Occupation Vice President, Business Developmen	- It
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. David S. Fox		Date of Receipt
Mailing Address 3815 Highland Ave	enue	$\begin{bmatrix} & M & M & / & D & D & / & Y & Y & Y & Y \\ 0 & 4 & & 0 & 9 & & 2 & 0 & 1 & 0 \end{bmatrix}$
City	State Zip Code	Transaction ID: 18175082
Downers Grove	IL 60515-1500	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Advocate Good Samaritan Hospital	Occupation President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Wayne M Lerner, , DPH		Date of Receipt
Mailing Address 2701 West 68th St	treet	04 09 7 2010
City	State Zip Code	Transaction ID: 18175085
Chicago FEC ID number of contributing	IL 60629-1813	Amount of Each Receipt this Period 500.00
federal political committee.		
Name of Employer Holy Cross Hospital	Occupation President and Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	al)	1500.00
	nber only)	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	for each	parate schedule(s) n category of the d Summary Page	FOR LINE NUMBER: PAGE 39 / 97 (check only one)    X
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be sol name and address of an	ld or used by any perso y political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC			
<u>∠</u> Α.	Full Name (Last, First, Middle Initial) Ms. Connie L Schroeder			Date of Receipt
	Mailing Address 640 West Washington	Street		04 09 2010
	City	State Zip C		Transaction ID: 18175087
	<u>Pittsfield</u>	IL 6236	3-1350	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Illini Community Hospital	Occupation Chief Executive O	fficer	
	Receipt For:	Aggregate Year-to-D	ate <b>V</b>	
	Primary General Other (specify) ▼	0 0 0 0	500.00	
— В.	Full Name (Last, First, Middle Initial) Mr Paul M Teodo			Date of Receipt
	Mailing Address 852 West Street			04 09 2010
	City	State Zip C		Transaction ID: 18175088
	Naperville	IL 6054	0-6400	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Linden Oaks Hospital at Edward	Occupation Chief Operating O	officer	
	Receipt For:	Aggregate Year-to-D	ate <b>▼</b>	
	Primary General Other (specify) ▼		250.00	
 C.	Full Name (Last, First, Middle Initial) Mr. Darryl L Vandervort			Date of Receipt
	Mailing Address 403 East First Street			0 4 0 9 2 0 1 0
	City	State Zip C		Transaction ID: 18175089
	Dixon	IL 6102	1-3187	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Katherine Shaw Bethea Hos- pital	Occupation President and Chi	ef Executive Officer	
	Receipt For:	Aggregate Year-to-D	ate ▼	
	Primary General Other (specify) ▼		500.00	
Γ,	SUBTOTAL of Receipts This Page (optional)			1250.00
	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 97 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may	not be sold or used by any persordress of any political committee to	13 14 15 16 0 16 0 17 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19
NAME OF COMMITTEE (In Full)  American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Mr. Douglas Young			Date of Receipt
Mailing Address 251 East Huron Street			M M / D D / Y Y Y Y Y O D O O O O O O O O O O O O O
City	State	Zip Code	Transaction ID: 18175090
Chicago	IL	60611-2908	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Northwestern Memorial Hos-	Occupatio		
pital	Vice Pres	sident, Accounting	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) Mr. Reginald M. Ballantyne, III	1		Date of Receipt
Mailing Address 3266 East Valley Vista	Lane		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18177367
Paradise Valley	AZ	85253-3738	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Vanguard Health System	Occupatio Corporat	n e Officer & Senior Vice Pres	id
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Walter Ettinger, , M.D.			Date of Receipt
Mailing Address 119 Belmont Street			0 4
City	State	Zip Code	Transaction ID: 18180261
Worcester	MA	01605-2903	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer UMass Memorial Medical Ce- nter	Occupatio Presiden		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
SUBTOTAL of Receipts This Page (optional)			1750.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 97 (check only one)  X 11a 11b 11c 12  13 14 15 16 11
,	Any information copied from such Reports and Stor for commercial purposes, other than using the	atements may not be sold or used by any per name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
. ∠ 	Full Name (Last, First, Middle Initial) Mr. Chris Hammes		Date of Receipt
	Mailing Address 3300 NW Expressway		04 / 14 / 2010
	City	State Zip Code	Transaction ID: 18184362
	Oklahoma City FEC ID number of contributing	OK 73112-4418	Amount of Each Receipt this Period
	federal political committee.		
	Name of Employer Integris Baptist Medical	Occupation President	
	Center Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
- 3.	Full Name (Last, First, Middle Initial) Mr. C. Bruce Lawrence		Date of Receipt
	Mailing Address 3300 NW Expressway		0 4
	City	State Zip Code	Transaction ID: 18184364
	Oklahoma City	OK 73112-4481	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Integris Baptist Medical Center	Occupation President and Chief Operating Office	cer
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	500.00	
	Full Name (Last, First, Middle Initial) Mr. Gary W Mitchell		Date of Receipt
	Mailing Address 905 South Main Street		0 4
	City	State Zip Code	Transaction ID: 18184815
	Shattuck	OK 73858-9205	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	500.00
	Name of Employer Newman Memorial Hospital	Occupation Chief Executive Officer	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	500.00	
	SUBTOTAL of Receipts This Page (optional)		1125.00
$\vdash$	SUBTUTAL OF Necelpts This Page (optional)		
	TOTAL This Period (last page this line number of	nly)	<b>•</b>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 97 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may not be sold or used by any perso ne name and address of any political committee to	n for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mr. Jaconna R. Tiller  Mailing Address 3300 NW Expresswa  City Oklahoma City  FEC ID number of contributing federal political committee.  Name of Employer Integris Baptist Medical Center Receipt For: Primary General Other (specify)	y  State Zip Code OK 73112-4418  C  Occupation CNO/VP Patient Services  Aggregate Year-to-Date ▼  250.00	Date of Receipt  M M J 14 2010  Transaction ID: 18184819  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) Dr. Robert J Laskowski, , M.D.  Mailing Address P O Box 6001  City Newark  FEC ID number of contributing federal political committee.  Name of Employer Christiana Care Health System  Receipt For: Primary General Other (specify)	State Zip Code DE 19718-6001  C  Occupation President and Chief Executive Officer  Aggregate Year-to-Date  1000.00	Date of Receipt  M M M / D D / Y Y Y Y Y  O 4 1 6 2 0 1 0  Transaction ID: 18187546  Amount of Each Receipt this Period  1000.00
Full Name (Last, First, Middle Initial) Ms. Melissa Samuelson, RN, MSN, C Mailing Address 606 Almaroad Place  City Jacksonville  FEC ID number of contributing federal political committee.  Name of Employer Stringfellow Memorial Hospital Receipt For: Primary General Other (specify)	State Zip Code AL 36265-3346  C  Occupation Chief Nursing Officer  Aggregate Year-to-Date  350.00	Date of Receipt  M M M / 19 / 2010  Transaction ID: 18189365  Amount of Each Receipt this Period  350.00
SUBTOTAL of Receipts This Page (optional)	•	1600.00

SCHEDULE A	(FEC Form 3X) CEIPTS	f	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 97 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purp	oses, other than using the nan	ments may not ne and addres	t be sold or used by any perso s of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, Find Dr. Carol Reineck, Pind Mailing Address  City San Antonio  FEC ID number of federal political come Variety of Texas Science Cen Receipt For:  Primary Other (specifical conditions)	contributing mittee.  Health  General	State TX  C  Occupation Assistant Properties Aggregate Year	Zip Code 78232-4617  ofessor, Dept. of Acute Nar-to-Date ▼ 350.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 18189372  Amount of Each Receipt this Period  350.00
Full Name (Last, Fi Ms. Mary-Anne Pont Mailing Address  City Petoskey  FEC ID number of federal political com  Name of Employer Northern Michigan Hospital  Receipt For:  Primary Other (specif	2070 Morford Road  Contributing smittee.  Regional	State MI  C  Occupation COO & Chie Aggregate Yea	Zip Code 49770-9234  of Nursing Executive ar-to-Date ▼ 1000.00	Date of Receipt  M M / D D / Y Y Y Y Y  O 4 19 2010  Transaction ID: 18189375  Amount of Each Receipt this Period  1000.00
Full Name (Last, Fi Ms. Lois Garner Mailing Address  City Centerville  FEC ID number of federal political com  Name of Employer Kettering Medical C  Receipt For: Primary Other (specifications)	contributing mittee.  General	State OH C Occupation Nurse Mana Aggregate Yea	·	Date of Receipt  M M M / D D / Y Y Y Y Y  O 4 1 9 2 0 1 0  Transaction ID: 18189445  Amount of Each Receipt this Period  75.00
SUBTOTAL of Recei	ots This Page (optional)			1425.00

Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC  Full Name (Last, First, Middle Initial) Ms. Verena J. Briley-Hudson, MN, RN  Mailing Address Post Office Box 449  City Hines  FEC ID number of contributing	Statements may not be sold or used by any person e name and address of any political committee to sold or used by any person e name and address of any political committee to sold or used by any person e name and address of any political committee to sold or used by any person en an	Date of Receipt    Date of Amount   Date   D
Ms. Verena J. Briley-Hudson, MN, RN  Mailing Address Post Office Box 449  City  Hines		M M / D D / Y Y Y Y
Hines		
·		Transaction ID: 18189510
federal political committee.	IL 60141-0449	Amount of Each Receipt this Period 350.00
Name of Employer Department of Veterans Affairs Receipt For:  ☐ Primary ☐ General Other (specify) ▼	Occupation Director of Healthcare Inspections  Aggregate Year-to-Date   350.00	<b>-</b> -
Full Name (Last, First, Middle Initial) Ms. Susan Adamek  Mailing Address 1878 Lemon Grove St	reet	Date of Receipt
City	State Zip Code	04 19 2010
Henderson	NV 89052-6850	Transaction ID: 18190259  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Nevada Organization of Nu- rse Leaders Receipt For:	Occupation President  Aggregate Year-to-Date ▼	<b>-</b>
Primary General Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) Ms. Joyce L. Young		Date of Receipt
Mailing Address 601 East Minges		04 19 2010
City	State Zip Code	Transaction ID: 18190319
Battle Creek	MI 49015-4719	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Henry Ford Health System	Occupation VP/Chief Nursing Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional) .	<b>&gt;</b>	1050.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 97 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may name and add	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
<u>/</u> <b>A</b> .	Full Name (Last, First, Middle Initial) Ms. Diane M. Twedell, RN Mailing Address 1216 Second Street, St	State	Zip Code	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Rochester  FEC ID number of contributing federal political committee.	C	55902-1906	Amount of Each Receipt this Period  350.00
	Name of Employer Mayo Clinic  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼		ministrator Year-to-Date ▼ 350.00	
- В.	Full Name (Last, First, Middle Initial) Ms. M. Rae Woods, BSN Mailing Address 114 Shamrock Drive			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Chester	State SC	Zip Code 29706-1920	Transaction ID: 18190340  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Chester Regional Medical Center Receipt For:  ☐ Primary ☐ General  Other (specify) ▼		sing Officer Year-to-Date ▼	
- C.	Full Name (Last, First, Middle Initial) Ms. Judy Boerger, RN Mailing Address 11913 Crossway Drive			Date of Receipt
	City	State	Zip Code	0 4 1 9 2 0 1 0 Transaction ID: 18190341
	Fort Wayne  FEC ID number of contributing federal political committee.	C	46814-9150	Amount of Each Receipt this Period 350.00
	Name of Employer Parkview Hospital	Occupation Sr. Vice F	President & Chief Nursing O	<del> </del> ff
	Receipt For: Primary General Other (specify)		Year-to-Date ▼ 350.00	
	SUBTOTAL of Receipts This Page (optional)	I	······	1050.00
Ī	TOTAL This Period (last page this line number of	only)	•	

SCHEDULE A	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 97 (check only one)    X   11a
or for commercial pu	rposes, other than using the i	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Ms. Rita M. Turley	First, Middle Initial) , MS, RN 351 Morningside Lane I	North		Date of Receipt    M
City		State	Zip Code	Transaction ID: 18190365
Billings FEC ID number of federal political controls.		C	59105-2873	Amount of Each Receipt this Period 500.00
Name of Employs Turley Consulting Receipt For: Primary Other (spec	General	Occupation President Aggregate		1
Full Name (Last, Ms. Rhonda Ande	First, Middle Initial)	pad		Date of Receipt
City		State	Zip Code	0 4 1 9 2 0 1 0 Transaction ID: 18190366
<u>Mesa</u>		AZ	85202-4707	Amount of Each Receipt this Period
FEC ID number of federal political control		C		500.00
Name of Employe Cardon Children Center	er s Medical		ecutive Officer	
Receipt For: Primary Other (spec	General	Aggregate	e Year-to-Date ▼ 500.00	]
Ms. Elizabeth T. B	First, Middle Initial) eaudin, RN, Ph.D., 69 Day Street			Date of Receipt
		Ctata	Zin Codo	04 19 2010
City <u>Granby</u>		State CT	Zip Code 06035-2901	Transaction ID: 18190371  Amount of Each Receipt this Period
FEC ID number of federal political co		С		350.00
Name of Employe Connecticut Hos ciation	er pital Asso-		Nursing & Work Force Initia	ut
Receipt For: Primary Other (spec	General	Aggregate	e Year-to-Date ▼ 350.00	
SUBTOTAL of Rec				1350.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47/97 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports and	d Statements may not be sold or used by any persor the name and address of any political committee to s	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	the name and address of any political committee to s	Solicit Contributions from Such Committee.
American Hospital Association PAC	;	
Full Name (Last, First, Middle Initial) Mr. Robert Rose		Date of Receipt
Mailing Address P.O. Box 977		04 19 2010
City	State Zip Code	Transaction ID: 18190372
Bristol	CT 06011-0977	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Bristol Hospital	Occupation Senior VP, Patient Services & CNO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	350.00	
Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) Ms. Denise M. Lucas, RN, MSN, N		Date of Receipt
Mailing Address 100 Hospital Avenue P.O. Box 447		04 19 2010
City	State Zip Code	Transaction ID: 18190375
<u>Du Bois</u>	PA 15801-1499	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer DuBois Regional Medical	Occupation V.P., Patient Services/Chief Nurse Exe	-
Center Receipt For:	Aggregate Year-to-Date ▼	<u> </u>
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Ms. Janet L. Nash		Date of Receipt
Mailing Address 255 West Lancaster	Ave.	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18190376
<u>Paoli</u>	PA 19301-1761	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Paoli Hospital	Occupation Vice President, Patient Services	1
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
		1200.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48/97   (check only one)
Any information copied from such Reports or for commercial purposes, other than using	and Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  American Hospital Association PA	<u>-</u>	areas of any political committee to	y doileit contributions from door committees.
Full Name (Last, First, Middle Initial) Ms. Kimberly Nagy			Date of Receipt
Mailing Address 660 North Westm	oreland Road		M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Lake Forest	State IL	Zip Code 60045-1659	Transaction ID: 18190385  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		210.00
Name of Employer Lake Forest Hospital	Occupatio VP, Patie	n ent Care Services, CNO	
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) Ms. Sherri-Lynne Almeida	I		Date of Receipt
Mailing Address 7447 Cambridge #41			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Houston	State TX	Zip Code	Transaction ID: 18190386
FEC ID number of contributing federal political committee.	C	77054-2027	Amount of Each Receipt this Period  350.00
Name of Employer Care Fusion	Occupatio Chief Nu	n rsing Officer	
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Ms. Claire Murray			Date of Receipt
Mailing Address 1501 Twelfth Ave.			0 4 1 9 2 0 1 0
City Watervliet	State NY	Zip Code	Transaction ID: 18190420
FEC ID number of contributing federal political committee.	C	12189-2402	Amount of Each Receipt this Period  350.00
Name of Employer New York Organization Nur- se Executives		e Director	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (option			910.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	fe	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 97 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	atements may not name and address	be sold or used by any perso s of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Ms. Patricia J. Crome			Date of Receipt
	Mailing Address 117 East Louisa Street #153 City	State	Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	<u>Seattle</u>	WA	98102-3203	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Rona Consulting	Occupation Principal		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 350.00	
- 3.	Full Name (Last, First, Middle Initial) Mr. David Marshall			Date of Receipt
	Mailing Address 1319 Walhni Street			04 19 2010
	City	State	Zip Code	Transaction ID: 18190465
	Galveston  FEC ID number of contributing federal political committee.	C	77554-6918	Amount of Each Receipt this Period 500.00
	Name of Employer University of Texas Medic- al Branch Hos	-	g & Patient Care Services	3
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 500.00	
- ).	Full Name (Last, First, Middle Initial) Ms. Joan Shinkus Clark, MSN, RN, N			Date of Receipt
	Mailing Address 2110 Royal Dominion (	Ct		0 4 1 9 2 0 1 0
	City Arlington	State	Zip Code	Transaction ID: 18190466
	FEC ID number of contributing federal political committee.	C	76006-4836	Amount of Each Receipt this Period 350.00
	Name of Employer Texas Health Resources	Occupation Senior Vice I	President & Systems CN0	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	•	
	SUBTOTAL of Receipts This Page (optional)		<b>.</b>	1200.00
	SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number of		<u> </u>	1200.00

	HEDULE A (FEC Form 3X)  EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 97 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any or f	rinformation copied from such Reports and or commercial purposes, other than using the	Statements may not be sold or used by any pe e name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Ms. Jane W. Kamstra		Date of Receipt
!	Mailing Address 103 Tuscany Way		0 4 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
(	City	State Zip Code	Transaction ID: 18190467
	Shavano Park	TX 78249-2061	Amount of Each Receipt this Period
	FEC ID number of contributing rederal political committee.	C	1000.00
	Name of Employer CHRISTUS Santa Rosa Health	Occupation Chief Nursing Officer	
	System Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1000.00	
	Full Name (Last, First, Middle Initial) Mr. Claus von Zychlin	1	Date of Receipt
-	Mailing Address 793 West State Stree	t	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State Zip Code	Transaction ID: 18190482
	Columbus	OH 43222-1551	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
Ī	Name of Employer Mount Carmel	Occupation President and Chief Executive Office	cer
Ī	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Dr. James M Sudimack, MD	1	Date of Receipt
Ī	Mailing Address 2774 Timber Creek D	r. N	0 4 2 1 Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 18190483
-	Cortland	OH 44410-1756	Amount of Each Receipt this Period
	FEC ID number of contributing rederal political committee.	C	500.00
i	Name of Employer Ohio State University Med- ical Center	Occupation Trustee	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	500.00	
			2000.00

Hudson  FEC ID number of contributing federal political committee.  Name of Employer University Hospitals  Receipt For:	$\rightarrow$ $-$	(check only one)  X 11a 11b 11c 12	Use separate schedule(s) for each category of the Detailed Summary Page	)	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	
Ms. Heidi L. Garland  Mailing Address 7604 Andover Way  City  State Zip Code OH 44236-4616  FEC ID number of contributing federal political committee.  Name of Employer University Hospitals Other (specify) ▼  Cupation Vice President, Government Affairs Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mailing Address 11 Fischer Road  City State Zip Code NJ 08221-1340  FEC ID number of contributing federal political committee.  Name of Employer AlfantiCare Primary General Other (specify) ▼  Cupation Vice President Emeritus, Board of Trustees Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Milling Address 11 Fischer Road  City State Zip Code NJ 08221-1340  Amount of Each Receipt  Transaction ID: 18190 Amount of Each Receipt  Amount of Each Receipt  State Zip Code Vice President Emeritus, Board of Trustees Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Milling Address 15081 Linden Lane  City State Zip Code KS 66224-3412  Full Name (Last, First, Middle Initial) Ks 66224-3412  Fec ID number of contributing federal political committee.  Name of Employer Missouri Hospifal Associa-  Cocupation State Zip Code KS 66224-3412  Fec ID number of contributing federal political committee.  Name of Employer Missouri Hospifal Associa-  Cocupation Scalar President Code Missouri Hospifal Associa-  Cocupation Miss	ontributions committee.	for the purpose of soliciting contribution olicit contributions from such committee	r not be sold or used by any person dress of any political committee to	he name and add	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	or for
FEC ID number of contributing federal political committee.  Name of Employer University Hospitals  Receipt For:    Primary		0 4 2 1 2 0 1  Transaction ID: 18190484	·		Ms. Heidi L. Gartland  Mailing Address 7604 Andover Way  City	Ms Ms Cit
Receipt For:	this Period 250.00	Amount of Each Receipt this Perio	44236-4616		FEC ID number of contributing	FE
Mr. George F Lynn Mailing Address 11 Fischer Road  City State Zip Code Linwood NJ 08221-1340  FEC ID number of contributing federal political committee.  Name of Employer AtlantiCare Primary General Other (specify) ▼  City State Zip Code NJ 08221-1340  Amount of Each Receipt  C  Full Name (Last, First, Middle Initial) Mr. Michael R. Dunaway Mailing Address 15081 Linden Lane  City Leawood KS 66224-3412  FEC ID number of contributing federal political committee.  City State Zip Code Transaction ID: 18193  Amount of Each Receipt  C  Transaction ID: 18193  Amount of Each Receipt  Date of Receipt  Transaction ID: 18193  Amount of Each Receipt  Date of Receipt  C  Cocupation  FEC ID number of contributing federal political committee.  Name of Employer Missouri Hospital Associa-  Cocupation  C			sident, Government Affairs Year-to-Date ▼ 250.00	Vice Pres	Receipt For: Primary General	
City State Zip Code NJ 08221-1340  FEC ID number of contributing federal political committee.  Name of Employer AtlantiCare  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Michael R. Dunaway Mailing Address 15081 Linden Lane  City State Zip Code KS 66224-3412  FEC ID number of contributing federal political committee.  City State Zip Code KS 66224-3412  FEC ID number of contributing federal political committee.  Name of Employer Missouri Hospital Associa-  Name of Employer Missouri Hospital Associa-	Y Y Y Y Y 2 0 1 0	M M / D D / Y Y Y		<b>'</b>	Mr. George F Lynn	<b>3.</b> Mr
Name of Employer AtlantiCare  Receipt For:  Primary General Other (specify) ▼  Pull Name (Last, First, Middle Initial) Mr. Michael R. Dunaway Mailing Address 15081 Linden Lane  City State Zip Code Leawood KS 66224-3412  FEC ID number of contributing federal political committee.  Name of Employer Missouri Hospital Associa-  Name of Employer Missouri Hospital Associa-  Occupation President Emeritus, Board of Trustees  Aggregate Year-to-Date ▼  250.00  Date of Receipt  M M / D D D / Q 2 Z  Transaction ID: 18193  Amount of Each Receipt  C	521	Transaction ID: 18190521  Amount of Each Receipt this Perio	•	NJ	Linwood  FEC ID number of contributing	<u>Li</u> FE
Primary General Other (specify) ▼  Pull Name (Last, First, Middle Initial) Mr. Michael R. Dunaway Mailing Address 15081 Linden Lane  City State Zip Code Leawood KS 66224-3412  FEC ID number of contributing federal political committee.  Name of Employer Missouri Hospital Associa-  Cother (specify) ▼  Date of Receipt  Transaction ID: 18193  Amount of Each Receipt  C  Occupation Sonier VR Field Operations				Occupation	·	_
Mr. Michael R. Dunaway  Mailing Address 15081 Linden Lane  City State Zip Code  Leawood KS 66224-3412  FEC ID number of contributing federal political committee.  Name of Employer Missouri Hospital Associa-  Date of Receipt  Transaction ID: 18193  Amount of Each Receipt  C  Occupation  Sonier VR Field Operations				Aggregate	Primary General	Re
City State Zip Code  Leawood KS 66224-3412  FEC ID number of contributing federal political committee.  Name of Employer Missouri Hospital Associa-  C Transaction ID: 18193  Amount of Each Receipt C	Y Y Y Y Y 2 0 1 0	M M / D D / Y Y Y			Mr. Michael R. Dunaway	). <u>M</u> r
FEC ID number of contributing federal political committee.  Name of Employer Missouri Hospital Associa-  Sonior VP Field Operations		Transaction ID: 18193472	Zip Code		City	Cit
	this Period 385.00	Amount of Each Receipt this Perio	66224-3412		FEC ID number of contributing	FE
<u> </u>			P, Field Operations	Senior VI	tion	<u>tio</u>
Receipt For:  Primary  Other (specify)   Aggregate Year-to-Date   385.00				Aggregate	Primary General	Re
SUBTOTAL of Receipts This Page (optional)	885.00	885.	·····		SUBTOTAL of Receipts This Page (optional)	SUB

City Hibbing  FEC ID number of contributing federal political committee.  Name of Employer Farriver Rariga Regional Health Service Receipt For: Primary General Other (specify) ▼  PEC ID number of contributing federal political committee.  City  State Zip Code President and Chief Executive Officer Aggregate Year-to-Date ▼  Parriver Rariga Regional Health Service Receipt For: Primary General Other (specify) ▼  State Zip Code MN 55811-3687  FEC ID number of contributing federal political committee.  City  Name of Employer FEC ID number of contributing federal political committee.  C C  Name of Employer St. Mary's Duluth Clinic Health System Receipt For: Primary General Other (specify) ▼  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Ms. Mary Krinkie Mailing Address 2550 University Avenue W. Suite 350-S  State Zip Code MN 55114-1052  Transaction ID: 18198367  Amount of Each Receipt  M 4 2 8 2 C  Transaction ID: 1819875  Amount of Each Receipt this Per  Date of Receipt  M 4 2 8 2 C  Transaction ID: 1819875  Amount of Each Receipt this Per  Date of Receipt  M 4 2 8 2 C  Transaction ID: 1819875  Amount of Each Receipt this Per  Date of Receipt  1000.00  Transaction ID: 18198867  Amount of Each Receipt this Per  Transaction ID: 18198867  Amount of Each Receipt this Per  Transaction ID: 18198867	for eac	orm 3X)	nedule(s) of the	COR LINE NUMBER: check only one)  X 11a 11b 11 13 14	PAGE 52/97  11c
Mailing Address 750 East 34th Street  City State Zip Code Hibbing MN 55746-2341  FEC ID number of contributing federal political committee.  Name of Employer Fairwise Marge Regional Health Service Receipt For: Primary General Other (specify) ▼	ents may not be so and address of an	than using the name and ull)	by any person for committee to soli	or the purpose of solicit icit contributions from s	ing contributions such committee.
Hibbing MN 55746-2341  FEC ID number of contributing federal political committee.    Name of Employer Fairview Range Regional Health Service Receipt For: Primary General Other (specify) ▼	State Zin C	34th Street		04 28	2010
FEC ID number of contributing federal political committee.  Name of Employer Fairview Range Regional Health Service Receipt For: Primary General Other (specify) ▼					
Receipt For:				Amount of Each Re	250.00
Mr. Rocklon B. Chapin  Mailing Address 4232 Washington Drive  City State Zip Code Hermantown MN 55811-3687  FEC ID number of contributing federal political committee.  Name of Employer St. Mary \$\frac{1}{2}\text{Duluth Clinic}\$ Health System Receipt For: Primary General Other (specify) ▼	esident and Chi	Presi Aggre	250.00		
City State Zip Code MN 55811-3687  FEC ID number of contributing federal political committee.  Name of Employer St. Mary S/Duluth Clinic Health System Receipt For:  Primary General Other (specify) ▼  City State Zip Code MN 55811-3687  Coccupation Executive Vice President & Sr. Officer Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial) Ms. Mary Krinkie  Mailing Address 2550 University Avenue W. Suite 350-S  City State Zip Code Saint Paul MN 55114-1052  FEC ID number of contributing federal political committee.  C 256  Name of Employer Minnesota Hospital Association Primary General Vice President, Government Relations Receipt For:  Primary General Aggregate Year-to-Date ▼		<i>,</i>		M M / D D	/ Y Y Y Y Y 2 0 1 0
Hermantown  MN 55811-3687  Amount of Each Receipt this Per  FEC ID number of contributing federal political committee.  Name of Employer St. Mary's/Duluth Clinic Health System Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Ms. Mary Krinkie  Mailing Address 2550 University Avenue W. Suite 350-S  City State Zip Code Transaction ID: 18198867  Saint Paul MN 55114-1052  FEC ID number of contributing federal political committee.  Name of Employer Minnesota Hospital Association Receipt For: Primary General Occupation Vice President, Government Relations Receipt For: Aggregate Year-to-Date ▼  Occupation Vice President, Government Relations Receipt For: Aggregate Year-to-Date ▼	City State 7in Code				
FEC ID number of contributing federal political committee.  Name of Employer St. Mary's/Duluth Clinic Health System Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Ms. Mary Krinkie  Mailing Address 2550 University Avenue W. Suite 350-S  City State Zip Code MN 55114-1052  FEC ID number of contributing federal political committee.  Name of Employer Minnesota Hospital Association Receipt For:  Aggregate Year-to-Date ▼  Date of Receipt  MMN 55114-1052  Transaction ID: 18198867  Amount of Each Receipt this Per Code Minnesota Hospital Association Vice President, Government Relations Receipt For:  Primary General	•				
St. Mary's/Diulrh Clinic Health System Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Ms. Mary Krinkie  Mailing Address 2550 University Avenue W. Suite 350-S  City State Zip Code Saint Paul  FEC ID number of contributing federal political committee.  Name of Employer Minnesota Hospital Association Receipt For: Primary General  Date of Receipt  M M S 55114-1052  Transaction ID: 18198867  Amount of Each Receipt this Per  Occupation Vice President, Government Relations  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼	1 1 1 1			Amount of Each Re	1000.00
Ms. Mary Krinkie  Mailing Address 2550 University Avenue W. Suite 350-S  City State Zip Code  Saint Paul MN 55114-1052  FEC ID number of contributing federal political committee.  Name of Employer Minnesota Hospital Association  Receipt For: Primary General  Date of Receipt  M M / D D D / Y Y Y O D D / Y Y Y O D D / Y Y Y O D D / Y Y Y O D D / Y Y Y O D D / Y Y Y O D D D / Y Y Y Y O D D D / Y Y Y O D D D / Y Y Y Y O D D D D D / Y Y Y Y O D D D D D D D D D D D D D D D	ecutive Vice Pr	Exec Aggre			
Suite 350-S  City  Saint Paul  FEC ID number of contributing federal political committee.  Name of Employer Minnesota Hospital Association  Receipt For:  Primary  General  Primary  State Zip Code Transaction ID: 18198867  Amount of Each Receipt this Per  250  C  Transaction ID: 18198867  Amount of Each Receipt this Per  Aggregate Year-to-Date  750 00		nitial)		Date of Receipt	
Saint Paul  FEC ID number of contributing federal political committee.  Name of Employer Minnesota Hospital Association Receipt For:  Primary General  MN 55114-1052  Amount of Each Receipt this Per 250  Accupation Vice President, Government Relations					2010
FEC ID number of contributing federal political committee.  Name of Employer Minnesota Hospital Association Receipt For:  Primary General  C  Occupation Vice President, Government Relations  Aggregate Year-to-Date	•		7	Transaction ID: 18	198867
federal political committee.  Name of Employer Minnesota Hospital Association  Receipt For:  Primary  General  Occupation  Vice President, Government Relations  Aggregate Year-to-Date  250.00	<u>/IN 5511</u>	MN		Amount of Each Re	ceipt this Period
Minnesota Hospital Association  Receipt For:  Primary  General  Vice President, Government Relations  Aggregate Year-to-Date  750.00	;	С			250.00
Primary General 350.00	ce President, G	Vice	ent Relations		
	igregate Year-to-D		250.00		
SUBTOTAL of Receipts This Page (optional)		ge (optional)	<b>)</b>		1500.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persor ng the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
American Hospital Association PA	AC	
Full Name (Last, First, Middle Initial) Mr. James Morris		Date of Receipt
Mailing Address 301 Second Stree	et Northeast	04 28 2010
City	State Zip Code	Transaction ID: 18198869
New Prague	MN 56071-1709	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer Queen of Peace Hospital	Occupation Trustee	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Mr. Ken Paulus	I	Date of Receipt
Mailing Address P O Box 43	04 28 2010	
City	State Zip Code	Transaction ID: 18198876
Minneapolis	MN 55440-0043	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Allina Hospitals & Clinics	Occupation President and Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Daniel Rohrbach		Date of Receipt
Mailing Address 201 Ninth St. NW	0 4 2 8 2 0 1 0	
City <u>Ada</u>	State Zip Code MN 56510	Transaction ID: 18198879
FEC ID number of contributing federal political committee.	C 50510	Amount of Each Receipt this Period  250.00
Name of Employer Bridges Medical Center	Occupation Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
SUBTOTAL of Receipts This Page (option	nal)	1150.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 97 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
<b>∠</b> <b>4.</b>	Full Name (Last, First, Middle Initial) Ms. Georgia R Fojtasek Mailing Address 205 North East Avenue	)		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State MI	Zip Code	Transaction ID: 18199309
	Jackson FEC ID number of contributing federal political committee.	C	49201-1753	Amount of Each Receipt this Period 500.00
	Name of Employer Allegiance Health  Receipt For: Primary General Other (specify)	_	n t and Chief Executive Office e Year-to-Date ▼ 500.00	]
3.	Full Name (Last, First, Middle Initial)  Mr Seshagiri Dandamudi  Mailing Address 111 Devenshire Court			Date of Receipt  0 4 2 3 2 0 1 0
	City	State	Zip Code	Transaction ID: 18199312
	Battle Creek	MI	49015-9647	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Battle Creek Health System	Occupatio Medical		
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 500.00	
- ).	Full Name (Last, First, Middle Initial) Robert Holmes			Date of Receipt
<b>,</b> .	Mailing Address 1982 N Farley			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 18199313
	Essexville	MI	48732-9738	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Bay Regional Medical Cent- er	Occupatio Medical	n Director-Surgical Services	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			1250.00
Ī	TOTAL This Period (last page this line number of	anly)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 97 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  American Hospital Association Page 1	and Statements may not be sold or used by any persorng the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. J. Patrick Dyson Mailing Address P.O. Box 51167  City Kalamazoo	State Zip Code MI 49005-1167	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer Borgess Health  Receipt For:  Primary General Other (specify)	Occupation Executive Vice President Aggregate Year-to-Date  375.00	375.00
Full Name (Last, First, Middle Initial) Mr. Paul A Spaude, , FACHE Mailing Address 1521 Gull Road  City	State Zip Code	Date of Receipt    M   M   D   D   2 3   2 0 1 0
Kalamazoo  FEC ID number of contributing federal political committee.  Name of Employer Borgess Health  Receipt For:  Primary General Other (specify) ▼	Occupation President and Chief Executive Officer  Aggregate Year-to-Date   600.00	Amount of Each Receipt this Period 600.00
Full Name (Last, First, Middle Initial) Mr. Paul E. LaCasse, , DO Mailing Address 6520 Commerce  City West Bloomfield  FEC ID number of contributing federal political committee.	Road State Zip Code MI 48324-2714 C	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Botsford Hospital  Receipt For:  Primary General  Other (specify) ▼	Occupation President & Chief Executive Officer  Aggregate Year-to-Date ▼  500.00	
SUBTOTAL of Receipts This Page (option	nal)	1475.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 97 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may e name and addr	not be sold or used by any perso ess of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mr. David L. Marcellino  Mailing Address 41511 Thoreau Ridge  City Novi  FEC ID number of contributing federal political committee.  Name of Employer Botsford Hospital  Receipt For: Primary General Other (specify)	State MI  C  Occupation Corporate	Zip Code 48377-2853  Vice President & CFO Year-to-Date ▼ 250.00	Date of Receipt  M M / D D / Y Y Y Y Y  O 4 2 3 2 0 1 0  Transaction ID: 18199317  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) Dr. Michael Rebock, D.O.  Mailing Address 1939 Fairview  City Birmingham  FEC ID number of contributing federal political committee.  Name of Employer Botsford Hospital  Receipt For: Primary General Other (specify)	- · ·	Zip Code 48009-1148  f Hospital Staff Year-to-Date ▼ 250.00	Date of Receipt  M M M / 23 / 2010  Transaction ID: 18199319  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) Mr. Frank J Sardone Mailing Address P O Box 209  City Paw Paw  FEC ID number of contributing federal political committee.  Name of Employer Bronson LakeView Hospital  Receipt For: Primary General Other (specify)		Zip Code 49079-0209  and Chief Executive Officer Year-to-Date  625.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number		·	1125.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 97 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  American Hospital Association PA	and Statements may not be sold or used by any pers g the name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Mr. William Jackson  Mailing Address 14700 Lake Shore	Drive	Date of Receipt
City Charlevoix FEC ID number of contributing	State Zip Code MI 49720-1931  C	Transaction ID: 18199322  Amount of Each Receipt this Period  500.00
Receipt For:  Primary  Other (specify)   General	Occupation President  Aggregate Year-to-Date ▼  500.00	]
Full Name (Last, First, Middle Initial) Mr Edward Bruff Mailing Address 1447 North Harriso		Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Saginaw	State         Zip Code           MI         48602-4727	Transaction ID: 18199323  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer Covenant Health Care  Receipt For: Primary General Other (specify)	Occupation Executive Vice President and Chief ( Aggregate Year-to-Date   450.00	450.00 Ope
Full Name (Last, First, Middle Initial) Mr. Daniel M. George Mailing Address 672 Morningside D	Drive	Date of Receipt    M
City	State Zip Code	Transaction ID: 18199342
Grand Blanc  FEC ID number of contributing federal political committee.	MI 48439-2312	Amount of Each Receipt this Period 350.00
Name of Employer Covenant Health Care	Occupation Vice President, Ambulatory Services	3
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (option	ial)	1300.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 97 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
	or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Α.	Full Name (Last, First, Middle Initial) Mr Mark E Gronda		Date of Receipt
	Mailing Address 2109 Durham		04 23 2010
	City <u>Sag</u> inaw	State Zip Code MI 48609-9236	Transaction ID: 18199343  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	450.00
	Name of Employer Covenant Health Care	Occupation Vice President and Chief Financial Of	<del></del>
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
В.	Full Name (Last, First, Middle Initial) Dr. John M. Kosanovich, M.D.  Mailing Address 25 E. Hannum Blvd.		Date of Receipt
		0) d = 7' 0 d d	04 23 2010
	City Saginaw	State Zip Code MI 48602-1937	Transaction ID: 18199344  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	400.00
	Name of Employer Covenant Health Care	Occupation Vice President	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
с.	Full Name (Last, First, Middle Initial) Mr. Spencer Maidlow		Date of Receipt
	Mailing Address 1447 North Harrison	Street	04 23 2010
	City	State Zip Code	Transaction ID: 18199345
	Saginaw  FEC ID number of contributing federal political committee.	MI 48602-4727	Amount of Each Receipt this Period 500.00
	Name of Employer Covenant Health Care	Occupation President and Chief Executive Officer	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)		1350.00
	TOTAL This Period (last page this line number	·	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 97 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used by any person name and address of any political committee to s	
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Carol Stoll		Date of Receipt
Mailing Address 7630 Laurie Lane N.		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: 18199347
Saginaw	MI 48609-4909	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Covenant Health Care	Occupation Vice President, Chief Nursing Officer	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr. Tim Wenzel		Date of Desciret
Mailing Address 555 Northview Drive		Date of Receipt  0 4 2 3 2 0 1 0
City	State Zip Code	Transaction ID: 18199348
Frankenmuth	MI 48734-9304	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Covenant Health Care	Occupation Director of Human Resources	-
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr. Michael Duggan		Date of Receipt
Mailing Address 3990 John R		0 4 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18199349
Detroit	MI 48201-2018	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Detroit Medical Center	Occupation President and Chief Executive Officer	
Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	<b>_</b>	1200.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 97 (check only one)    X
r for commercial purposes, other than using t NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal statements and address of any political committee to	on for the purpose of soliciting contributions
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Michael Lacusta		Date of Receipt
Mailing Address 4406 Devonshire		04 / 23 / 2010
City Troy	State Zip Code MI 48098-6652	Transaction ID: 18199350  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer DMC Surgery Hospital	Occupation Sr. Vice President & Chief Restructure	 ri
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Mr. Randall Stasik		Date of Receipt
Mailing Address 212 South Sullivan S	04 23 2010	
City	State Zip Code MI 49412-1548	Transaction ID: 18199683
FEC ID number of contributing federal political committee.	MI 49412-1548	Amount of Each Receipt this Period 500.00
Name of Employer Gerber Memorial Health Se- rvices	Occupation President and Chief Executive Office	 r
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ms. Barbara Rossmann		Date of Receipt
Mailing Address 13355 East Ten Mile	Road	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Warren	State Zip Code MI 48089-2048	Transaction ID: 18199684
FEC ID number of contributing federal political committee.	MI 48089-2048	Amount of Each Receipt this Period  500.00
Name of Employer Henry Ford Health System	Occupation President and Chief Executive Office	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SURTOTAL of Receipts This Page (optional)		1250.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 97 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any ir or for	nformation copied from such Reports and S commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	AME OF COMMITTEE (In Full) merican Hospital Association PAC			
	ull Name (Last, First, Middle Initial) ls. Nancy M Schlichting			Date of Receipt
	ailing Address One Ford Place			04 23 7 2010
Ci		State MI	Zip Code	Transaction ID: 18199685
FE	Detroit  EC ID number of contributing address political committee.	C	48202-3450	Amount of Each Receipt this Period  750.00
Na H	ame of Employer enry Ford Health System	Occupatio Presiden	n t and Chief Executive Office	
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	
. <u>M</u>	ull Name (Last, First, Middle Initial) Ir. Charles D. Kohlruss			Date of Receipt
Ma	ailing Address 946 Meadow Lark Cou	urt		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
Ci	ity	State	Zip Code	Transaction ID: 18199686
<u>H</u>	lolland	MI	49424-6602	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		250.00
Na H	ame of Employer olland Hospital	Occupatio Vice Pres	n sident, Human Resources	
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	ull Name (Last, First, Middle Initial) Ir. Mark Pawlak			Date of Receipt
Ma	ailing Address 15277 Meadowwood			0 4
Ci		State	Zip Code	Transaction ID: 18200051
<u>G</u>	arand Haven	MI	49417-9684	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		250.00
Na H	ame of Employer olland Hospital	Occupatio Vice Pres		
Re	eceipt For:	Aggregate	e Year-to-Date 🔻	
	Primary ☐ General Other (specify) ▼		250.00	
SUB	BTOTAL of Receipts This Page (optional)			1250.00
LSUB	TOTAL OF NECERPLS THIS Page (OPHONAL)			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 97 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may not be sold or used by any personal ename and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Dale Sowders  Mailing Address 602 Michigan Avenue  City	State Zip Code	Date of Receipt    M
Holland  FEC ID number of contributing federal political committee.	MI 49423-4918	Amount of Each Receipt this Period  250.00
Name of Employer Holland Hospital  Receipt For:  Primary General  Other (specify) ▼	Occupation President and Chief Executive Officer Aggregate Year-to-Date  250.00	]
Full Name (Last, First, Middle Initial) Mr Terry L Steele Mailing Address 391 Troon Court		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18200053
Holland  FEC ID number of contributing federal political committee.	MI 49423-8830	Amount of Each Receipt this Period  250.00
Name of Employer Holland Hospital	Occupation Vice President Finance and Chief Fin	an
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mrs. Patti Van Dort		Date of Receipt
Mailing Address 2629 Floral Drive		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City <u>Zeeland</u>	State Zip Code MI 49464-9107	Transaction ID: 18200055
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  250.00
Name of Employer Holland Hospital	Occupation VP Nursing	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  Any information copied from such Reports an	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 97 (check only one)    X
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Hospital Association PAC	the name and address of any political committee t	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. A Gary Muller, , FACHE		Date of Receipt
Mailing Address 580 West College A	venue	04 23 2010
City	State Zip Code	Transaction ID: 18200057
Marquette	MI 49855-2705	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Marquette General Health System	Occupation Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Clark Ballard	1	Date of Receipt
Mailing Address 1601 Willoughby Ro	pad	0 4 2 3 2 0 1 0
City	State Zip Code	Transaction ID: 18200306
Mason	MI 48854-9435	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer Michigan Health & Hospital Association	Occupation Senior Vice President	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Mr. Spencer Johnson		Date of Receipt
Mailing Address 2066 Riverwood Dri	ve	04 23 2010
City	State Zip Code	Transaction ID: 18200307
Okemos	MI 48864-2814	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Michigan Health & Hospital Association	Occupation President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
		2250.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 97 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any pers- ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
∠_ <b>A</b> .	Full Name (Last, First, Middle Initial) Mr. Brian Peters			Date of Receipt
	Mailing Address 3051 Crofton Dr.			04 23 7 2010
	City Dewitt	State MI	Zip Code 48820-7770	Transaction ID: 18200309  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40020 7770	750.00
	Name of Employer Michigan Health & Hospital Association	Occupation Senior Co	rporate Vice President	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 750.00	
— 3.	Full Name (Last, First, Middle Initial) Mr. Joseph D. Stephansky	<u> </u>		Date of Receipt
	Mailing Address 818 Cowley Ave			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: 18200310
	East Lansing FEC ID number of contributing federal political committee.	C	48823-3012	Amount of Each Receipt this Period 250.00
	Name of Employer Michigan Health & Hospital Association	Occupation Director, (	Client Services	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
— ).	Full Name (Last, First, Middle Initial) Mr. Richard M Reynolds			Date of Receipt
	Mailing Address 3467 N. Sunset Way			04 23 2010
	City	State	Zip Code	Transaction ID: 18200375
	Sanford FEC ID number of contributing federal political committee.	C	48657-9583	Amount of Each Receipt this Period 500.00
	Name of Employer MidMichigan Health	Occupation President		
	Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 500.00	
s	UBTOTAL of Receipts This Page (optional)			1500.00
  -	OTAL This Period (last page this line number	only)		

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 97 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
A	ny information copied from such Reports and St r for commercial purposes, other than using the	atements may not be sold or used by any personame and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
<b>∠</b> 4.	Full Name (Last, First, Middle Initial) Mr. Mark S O'Halla		Date of Receipt
	Mailing Address 1000 Harrington Boulev	vard	0 4 2 3 2 0 1 0
	City	State Zip Code	Transaction ID: 18200377
	Mount Clemens	MI 48043-2920	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Mount Clemens Regional Me- dical Center	Occupation President and Chief Executive Officer	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
 3.	Full Name (Last, First, Middle Initial) Ms. Elizabeth Gertz		Date of Receipt
	Mailing Address 1047 Curtis Avenue	M M / D D / Y Y Y Y Y O D D / 23 2010	
	City	State Zip Code	Transaction ID: 18200379
	Petoskey	MI 49770-2811	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer North Central Council of the MHA	Occupation Executive Director	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
— ).	Full Name (Last, First, Middle Initial) Mr. Brian M Connolly		Date of Receipt
	Mailing Address One Parklane Blvd, Ste	1000E	0 4 2 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Dearborn	State Zip Code MI 48126-4241	Transaction ID: 18200380  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Oakwood Healthcare, Inc.	Occupation President and Chief Executive Officer	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)		1250.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for e	separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER: PAGE 66 / 97 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
,	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may not be name and address of	sold or used by any perso any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC			
∠ A.	Full Name (Last, First, Middle Initial) Ms. Edith M Hughes			Date of Receipt
	Mailing Address 5450 Fort Street			04 / 23 / 2010
	City Trenton		o Code 3183-4601	Transaction ID: 18200381  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100 4001	250.00
	Name of Employer Oakwood Healthcare, Inc.	Occupation Division President	ent	
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to	D-Date ▼ 250.00	
– В.	Full Name (Last, First, Middle Initial) Mr John Keuten	1		Date of Receipt
	Mailing Address 570 Brittany Court			04 23 2010
	City	-	Code	Transaction ID: 18200406
	Rochester Hills  FEC ID number of contributing federal political committee.	MI 48	309-2613	Amount of Each Receipt this Period  250.00
	Name of Employer Oakwood Healthcare, Inc.	Occupation President		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to	o-Date ▼ 250.00	
_ C.	Full Name (Last, First, Middle Initial) Ms. Barbara Medvec	1		Date of Receipt
	Mailing Address 5686 Briar Glen			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Saline	•	Code	Transaction ID: 18200407
	FEC ID number of contributing federal political committee.	C	176-9537	Amount of Each Receipt this Period 250.00
	Name of Employer Oakwood Healthcare, Inc.	Occupation Chief Nursing C	Officer	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to		
	SUBTOTAL of Receipts This Page (optional) .	1		750.00
	SUBTOTAL of Receipts This Page (optional) .  TOTAL This Period (last page this line number		<u> </u>	730.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate s for each categ Detailed Sumn	ory of the	FOR LINE NUMBER: PAGE 67 / 97 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or us name and address of any politic	ed by any person al committee to s	for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Peter G Jennings			Date of Receipt
	Mailing Address 3401 Ludington Street			04 23 2010
	City Escanaba	State Zip Code MI 49829-1300		Transaction ID: 18200408  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1	412.50
	Name of Employer OSF St. Francis Hospital	Occupation President and Chief Exe	cutive Officer	-
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	412.50	
В.	Full Name (Last, First, Middle Initial) Mr. Thomas D DeFauw, , FACHE Mailing Address 1221 Pine Grove Aven			Date of Receipt
				04 23 2010
	City Port Huron	State Zip Code MI 48060-3511		Transaction ID: 18200409  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Port Huron Hospital	Occupation President and Chief Exe	cutive Officer	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	500.00	
с. С.	Full Name (Last, First, Middle Initial) Mr. James Bogan			Date of Receipt
	Mailing Address 500 Campus Drive			04 23 2010
	City <u>Hancoc</u> k	State Zip Code MI 49930-1569		Transaction ID: 18200410
	FEC ID number of contributing federal political committee.	C 49930-1309		Amount of Each Receipt this Period  500.00
	Name of Employer Portage Health	Occupation President and Chief Exe	cutive Officer	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	500.00	
	SUBTOTAL of Receipts This Page (optional)		<b>)</b>	1412.50
Ì	TOTAL This Period (last page this line number		<u> </u>	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 97 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial)  Mr. Dwight Gascho  Mailing Address 170 North Caseville Ro	pad		Date of Receipt
	City Pigeon	State MI	Zip Code 48755-9704	Transaction ID: 18200411  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Scheurer Hospital  Receipt For:  Primary General  Other (specify) ▼		on at and Chief Executive Officer e Year-to-Date ▼ 250.00	]
- В.	Full Name (Last, First, Middle Initial) Mr. Kevin Cawley Mailing Address 11803 Silverspring Dr.			Date of Receipt  0 4 2 3 2 0 1 0
	City	State	Zip Code	Transaction ID: 18200412
	Dewitt  FEC ID number of contributing federal political committee.	C	48820-7731	Amount of Each Receipt this Period 340.00
	Name of Employer Sheridan Community Hospit- al	Occupation Chief Ex	on ecutive Officer	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 340.00	
- ).	Full Name (Last, First, Middle Initial) Mr. Dennis A Swan Mailing Address P O Box 30480			Date of Receipt
		Ctata	7:- Oada	04 23 2010
	City <u>Lansing</u>	State MI	Zip Code 48909-7980	Transaction ID: 18200413  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Sparrow Hospital	Occupation Presiden	on It and Chief Executive Officer	·
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1090.00
ſ	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 97 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may not be sold or used by any penename and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Richard C Breon Mailing Address 100 Michigan Street  City Grand Rapids  FEC ID number of contributing federal political committee.  Name of Employer Spectrum Health  Receipt For:	State Zip Code MI 49503-2560  C  Occupation President and Chief Executive Office  Aggregate Year-to-Date	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Matthew G. Van Vranken	500.00	Date of Receipt
City  Grand Rapids  FEC ID number of contributing federal political committee.	State Zip Code MI 49546-6487	Transaction ID: 18200429  Amount of Each Receipt this Period  500.00
Name of Employer Spectrum Health Butterwor- th Hospital Receipt For:  ☐ Primary ☐ General Other (specify) ▼	Occupation President  Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial) Mr. Sean Gehle Mailing Address 1828 Boston Blvd		Date of Receipt
City Lansing	State Zip Code MI 48910-1173	Transaction ID: 18200430  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer St. John Health - Remote Office Receipt For:  Primary General Other (specify) ▼	Occupation Vice President, Advocacy  Aggregate Year-to-Date ▼  250.00	
SUBTOTAL of Receipts This Page (optional)		1250.00

SCHEDULE A (F ITEMIZED RECE	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 97 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from	m such Reports and Statements s, other than using the name and	may not be sold or used by any pers address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTE  American Hospital	,		
Full Name (Last, First, Mr. Patrick Murtha	Middle Initial)		Date of Receipt
Mailing Address P O	Box 659		04 23 2010
City	State	Zip Code	Transaction ID: 18200431
Tawas City	MI	48764-0659	Amount of Each Receipt this Period
FEC ID number of cont federal political committed			500.00
Name of Employer St. Joseph Health Syst	em Occup	ation dent and Chief Executive Office	er
Receipt For:	Aggreç General	gate Year-to-Date ▼	
Other (specify)		500.00	
Full Name (Last, First, Mr. Douglas Strong	Middle Initial)		Date of Receipt
Mailing Address 150	0 East Medical Center Drive	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
City	State	Zip Code	Transaction ID: 18200432
Ann Arbor	MI	48109-0999	Amount of Each Receipt this Period
FEC ID number of cont federal political committed			500.00
Name of Employer University of Michigan spitals and H	Ho- Occupa	ation Executive Officer	
Receipt For:	Aggreç	gate Year-to-Date ▼	
Other (specify)	General	500.00	
Full Name (Last, First, Mr. Douglas E Pattullo	Middle Initial)		Date of Receipt
Mailing Address 246	3 South M-30		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: 18200433
West Branch	MI	48661-1199	Amount of Each Receipt this Period
FEC ID number of cont federal political committed			250.00
Name of Employer West Branch Regional cal Center	Medi- Occup	ation Executive Officer	
Receipt For:		gate Year-to-Date ▼	
Primary Other (specify)	General	250.00	
			1250.00
	This Page (optional)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 97 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Hospital Association PAG	nd Statements may not be sold or used by any persor the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Henry A Veenstra Mailing Address 8333 Felch Street  City Zeeland	State Zip Code MI 49464-2608	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Zeeland Community Hospital  Receipt For:  Primary General  Other (specify) ▼	Occupation President  Aggregate Year-to-Date   250.00	
Full Name (Last, First, Middle Initial) Mr. Philip H McCorkle, , Jr. Mailing Address 200 Jefferson Aven	ue SE	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18200462
Grand Rapids	MI 49503-4502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Saint Mary's Health Care	Occupation President and Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ms. Gail Lovinger		Date of Receipt
Mailing Address 2225 Simpson		0 4 2 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18200544
Evanston  FEC ID number of contributing federal political committee.	IL 60201-3006	Amount of Each Receipt this Period 350.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President Association Governance	ce
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 97 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Laurence A Tanner  Mailing Address P O Box 100  City New Britain  FEC ID number of contributing federal political committee.  Name of Employer Hospital of Central Connecticut, The Receipt For:  Primary General Other (specify)	State Zip Code CT 06050-0100  C  Occupation President and Chief Executive Officer Aggregate Year-to-Date  500.00	Date of Receipt  M M M / 26 / 2010  Transaction ID: 18200569  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial) Mr. Randy Revelle  Mailing Address 2809 39th Avenue We  City Seattle  FEC ID number of contributing federal political committee.  Name of Employer Washington State Hospital Association Receipt For: Primary General Other (specify)	State Zip Code WA 98119-4198  C  Occupation Sr. VP, Policy & Public Affairs  Aggregate Year-to-Date   1000.00	Date of Receipt  M M M / 26 / 2010  Transaction ID: 18200570  Amount of Each Receipt this Period  1000.00
Full Name (Last, First, Middle Initial) Dr Angela L Scioscia  Mailing Address 200 West Arbor Drive  City San Diego  FEC ID number of contributing federal political committee.  Name of Employer University of California San Diego Med Receipt For: Primary General Other (specify)	State Zip Code CA 92103-9000  C  Occupation Chief Medical Officer  Aggregate Year-to-Date   350.00	Date of Receipt  M M M / 27 / 2010  Transaction ID: 18201211  Amount of Each Receipt this Period  350.00
SUBTOTAL of Receipts This Page (optional) .		1850.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 97 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  American Hospital Association PA	ng the name and add	γ not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Linda Knodel, MHA, FACHE Mailing Address 1235 East Cherok	ee Street		Date of Receipt
City Springfield FEC ID number of contributing	State MO	Zip Code 65804-2203	Transaction ID: 18201400  Amount of Each Receipt this Period  350.00
Receipt For:  Primary  Other (specify)  General	Occupation Vice Pres	n sident/CNE • Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Mr Kenneth A Becker  Mailing Address 14 Campus Boule	vard, Suite 300		Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City	State	Zip Code	Transaction ID: 18227672
Newtown Square  FEC ID number of contributing federal political committee.	C	19073-3277	Amount of Each Receipt this Period  1000.00
Name of Employer Catholic Health East  Receipt For:  Primary General  Other (specify) ▼		n ocacy & Government Relatio e Year-to-Date ▼ 1000.00	ns
Full Name (Last, First, Middle Initial) Mr. Daniel Waldmann  Mailing Address 2001 19th St NW			Date of Receipt
Apt 5			04 27 2010
City Washington	State DC	Zip Code 20009-1343	Transaction ID: 18227676  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer TENET Healthcare Corporat- ion Receipt For:		n sident, Government Relation • Year-to-Date ▼	s
Primary General Other (specify) ▼	, iggi egale	350.00	
SUBTOTAL of Receipts This Page (option	nal)		1700.00

	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE (check only one)    X   11a	74 / 97 12 16 17
or for comm	ercial purposes, other than using the i	tatements may name and add	not be sold or used by any pers ress of any political committee to	on for the purpose of soliciting contributions from such common solicit contributions from such comm	utions iittee.
\	F COMMITTEE (In Full) an Hospital Association PAC				
Mr. Alex \	e (Last, First, Middle Initial) /aldez, , JD			Date of Receipt	
Mailing A	ddress P O Box 2107			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	010
City		State	Zip Code	Transaction ID: 18227711	
<u>Santa F</u>	<del>-</del> e	NM	87504-2107	Amount of Each Receipt this P	eriod
	number of contributing olitical committee.	C		50	00.00
Name of CHRIST onal Med	Employer US St. Vincent Regi- lical	Occupation Chief Exe	cutive Officer		
Receipt F		Aggregate	Year-to-Date ▼ 500.00		
Full Nam Mr. Warre	e (Last, First, Middle Initial) en Tardy			Date of Receipt	
Mailing A	•	1		M M / D D / Y Y	010
City		State	Zip Code	Transaction ID: 18227762	
<u>Nashvil</u>	le	TN	37203-1515	Amount of Each Receipt this P	eriod
	number of contributing olitical committee.	C		35	50.00
Name of HCA	Employer	Occupation Director, I	Public Policy Management	Grp	
	For: mary ☐ General ner (specify) ♥	Aggregate	Year-to-Date ▼ 350.00	]	
	e (Last, First, Middle Initial) da Reid Hatton			Date of Receipt	
Mailing A	ddress 325 Seventh Street, NV Suite 700	N			0 1 0
City <u>Was</u> hin	gton	State DC	Zip Code 20004-2818	Transaction ID: PR1045726  Amount of Each Receipt this P	
	number of contributing olitical committee.	C			30.00
<u>tion-Was</u>		Occupation Senior Vic	ce President & General Cou	ınse	
	For: mary	Aggregate	Year-to-Date ▼ 320.00	P/R Deduction (\$40.00 Bi- Weekly)	
SUBTOTAL	L of Receipts This Page (optional)			93	30.00

TOTAL This Period (last page this line number only) .....

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 97 (check only one)    X   11a
,	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and addr	not be sold or used by any person ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Hospital Association PAC			
۱.	Full Name (Last, First, Middle Initial) Mr. Stephen Mayfield			Date of Receipt
	Mailing Address One North Franklin Stre Suite 32139	eet		04 30 7 2010
	City	State	Zip Code	Transaction ID: PR1302378923635
	Chicago	<u> </u>	60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Senior Vic	e President	
	Receipt For:	Aggregate `	Year-to-Date ▼	
	Primary General Other (specify) ▼		320.00	P/R Deduction (\$40.00 Bi- Weekly)
-	Full Name (Last, First, Middle Initial) Ms. Lisa Grabert			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	N		04 30 7 2010
	City	State	Zip Code	Transaction ID: PR1671258623635
	Washington	DC	20004-2801	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		90.90
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior As	sociate Director, Policy	
	Receipt For:	Aggregate `	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	227.25	P/R Deduction (\$45.45 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr Robert P David			Date of Receipt
	Mailing Address One North Franklin			04 30 7 2010
	City	State	Zip Code	Transaction ID: PR1677512423635
	Chicago	IL	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		90.90
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional I		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate `	Year-to-Date ▼ 227.25	P/R Deduction (\$45.45 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)			261.80

ITE	HEDULE A (FEC Form 3X) MIZED RECEIPTS  Information copied from such Reports and St	ratements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 97 (check only one)    X
or for	commercial purposes, other than using the AME OF COMMITTEE (In Full) merican Hospital Association PAC	name and ad	dress of any political committee to	o solicit contributions from such committee.
<b>1.</b> <u>Ms</u>	Ill Name (Last, First, Middle Initial) s. Linda Fishman			Date of Receipt
Ma	ailing Address 325 Seventh Street, NV Suite 700	V		04 30 2010
Cit		State	Zip Code	Transaction ID: PR327629123635
	ashington	DC	20004-2818	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		80.00
<u>tio</u>	ame of Employer nerican Hospital Associa- n-Washingt eceipt For:		ice President, Public Policy	
	Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 320.00	P/R Deduction (\$40.00 Bi- Weekly)
B. <u>M</u> s	III Name (Last, First, Middle Initial) s. Debbie F. Weiner			Date of Receipt
Ma	ailing Address 11004 Petersborough D	Orive		0 4 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Cit	ty	State	Zip Code	Transaction ID: PR327745923635
<u>R</u>	<u>ockville</u>	MD	20852-3249	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		80.00
<u>tio</u>	ame of Employer merican Hospital Associa- n-Washingt eceipt For:		Grassroots Advocacy	
ne l	Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 320.00	P/R Deduction (\$40.00 Bi- Weekly)
	Ill Name (Last, First, Middle Initial) s. Debra J. Stock			Date of Receipt
Ma	ailing Address 1022 S. Harvey Avenue	Э		04 30 / Y Y Y Y
Cit		State	Zip Code	Transaction ID: PR327777823635
	ak Park	IL	60304-2132	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		80.00
<u>tio</u>	ame of Employer nerican Hospital Associa- n-Chicago eceipt For:		sident, Member Relations	
ne	Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 320.00	P/R Deduction (\$40.00 Bi- Weekly)
CUD	TOTAL of Receipts This Page (optional)			240.00

Γ	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	tatamanta ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 77 / 97 (check only one)    X   11a
	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
∠ A.	Full Name (Last, First, Middle Initial) Ms. Pamela Austin Thompson, RN, MSN			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	N		04 / 30 / Y Y Y Y
	City Washington	State DC	Zip Code 20004-2818	Transaction ID: PR327812023635
	FEC ID number of contributing federal political committee.	C	20004-2010	Amount of Each Receipt this Period  80.00
	Name of Employer American Hospital Association-Washingt Receipt For:  ☐ Primary ☐ General  Other (specify) ▼	. '	ecutive Officer, AONE & Sr. e Year-to-Date  320.00	Vi P/R Deduction (\$40.00 Bi-Weekly)
 3.	Full Name (Last, First, Middle Initial) Mr. Mark Seklecki Mailing Address 325 Seventh Street, NV	A/		Date of Receipt
	Suite 700			04 30 2010
	City Washington	State DC	Zip Code 20004-2818	Transaction ID: PR327858023635
	FEC ID number of contributing federal political committee.	C	20004-2818	Amount of Each Receipt this Period  80.00
	Name of Employer American Hospital Association-Washingt Receipt For:  Primary General Other (specify) ▼	. '	n sident, Political Affairs e Year-to-Date ▼ 320.00	P/R Deduction (\$40.00 Bi-Weekly)
_ ).	Full Name (Last, First, Middle Initial) Mr. John F. Barry			Date of Receipt
	Mailing Address One North Franklin			04 30 7 2010
	City	State	Zip Code	Transaction ID: PR327877823635
	Millis FEC ID number of contributing federal political committee.	C	60606-3436	Amount of Each Receipt this Period  80.00
	Name of Employer American Hospital Associa- tion-Chicago	, ' <u> </u>	Executive	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 320.00	P/R Deduction (\$40.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	<u> </u>		240.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 97 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
A C	ny information copied from such Reports and St r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	γ not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	American Hospital Association PAC  Full Name (Last, First, Middle Initial)  Mr. George F. Bergstrom			Date of Receipt
۱.	Mailing Address 130 North Garland Cou #3002			04 30 7 2010
	City Chicago	State IL	Zip Code 60602-4750	Transaction ID: PR327895723635
	FEC ID number of contributing federal political committee.	C	60002-4730	Amount of Each Receipt this Period  90.00
	Name of Employer American Hospital Associa- tion-Chicago Receipt For:  ☐ Primary ☐ General  Other (specify) ▼	Occupation Vice Press Aggregate		P/R Deduction (\$20.00 Bi-Weekly)
 B.	Full Name (Last, First, Middle Initial) Mr. Richard J. Umbdenstock Mailing Address 325 Seventh Street, NV	Λ/		Date of Receipt
	Suite 700			04 30 2010
	City Washington	State DC	Zip Code	Transaction ID: PR328132823635
	FEC ID number of contributing federal political committee.	C	20004-2818	Amount of Each Receipt this Period  80.00
	Name of Employer American Hospital Associa- tion-Washingt Receipt For:		n t and Chief Executive Officer Year-to-Date ▼	<u> </u>
	Primary General Other (specify) ▼	33 - 3 - 1	320.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Barbara Lorsbach			Date of Receipt
	Mailing Address 204 7th Ave			04 30 2010
	City	State	Zip Code	Transaction ID: PR328136923635
	La Grange  FEC ID number of contributing federal political committee.	C	60525-6406	Amount of Each Receipt this Period  80.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Sr. Vice	n President, Member Relations	8
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 320.00	P/R Deduction (\$40.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)			250.00

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 / 97 (check only one)    X   11a
or	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	name and address of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
. <u>/</u> A.	Full Name (Last, First, Middle Initial) Ms. Donna J. Melkonian	Date of Receipt	
	Mailing Address 5545 North Wayne		04 30 7 2010
	City Chicago	State Zip Code IL 60640-1318	Transaction ID: PR328223823635  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer American Hospital Associa- tion-Chicago Receipt For:  Primary  Other (specify) ▼	Occupation Vice President  Aggregate Year-to-Date ▼  320.00	P/R Deduction (\$40.00 Bi-Weekly)
 3.	Full Name (Last, First, Middle Initial) Mr. Richard J. Pollack Mailing Address 3475 North Venice Stre	eet	Date of Receipt
	City	State Zip Code	0 4 3 0 2 0 1 0 Transaction ID: PR328260923635
	Arlington	VA 22207-4446	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer American Hospital Association-Washingt Receipt For: Primary General Other (specify)	Occupation Executive Vice President  Aggregate Year-to-Date ▼  320.00	P/R Deduction (\$40.00 Bi-Weekly)
	Full Name (Last, First, Middle Initial)		,
	Ms. Lori M. Schor  Mailing Address 325 Seventh Street, NV Suite 700	N	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	City	State Zip Code	Transaction ID: PR328341823635
	Washington FEC ID number of contributing federal political committee.	DC 20004-2818	Amount of Each Receipt this Period  80.00
	Name of Employer American Hospital Associa- tion-Washingt Receipt For:	Occupation Director, Political Action & Grassroot Aggregate Year-to-Date	t
	Primary General Other (specify) ▼	320.00	P/R Deduction (\$40.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)		240.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 80 / 97 (check only one)    X   11a
A	ny information copied from such Reports and S r for commercial purposes, other than using the	statements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina		Date of Receipt
	Mailing Address 200 Clover Hill Court		04 30 7 2010
	City	State Zip Code	Transaction ID: PR328511823635
	Yardley FEC ID number of contributing	PA 19067-5736	Amount of Each Receipt this Period 80.00
	federal political committee.		
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional Executive	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	320.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Anthony J. Burke		Date of Receipt
	Mailing Address One North Franklin Av	04 30 7 2010	
	City	State Zip Code	Transaction ID: PR328913323635
	Chicago	IL 60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation President & CEO, AHA Solutions, Inc	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼	320.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Dr. John R. Combes, MD	1	Date of Receipt
	Mailing Address One North Franklin		0 4 3 0 2 0 1 0
	City	State Zip Code	Transaction ID: PR329071323635
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation President & Chief Operating Officer,	c
	Receipt For:  Primary  General	Aggregate Year-to-Date ▼	D/D D . I . I' /240 00 5'
	Other (specify)	320.00	P/R Deduction (\$40.00 Bi- Weekly)
Г			240.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 81 / 97 (check only one)    X		
A C	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persol lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC	· · · ·				
۷.	Full Name (Last, First, Middle Initial) Mr. W. Thomas Deweese			Date of Receipt		
	Mailing Address 500 Interstate Bouleva	ard South		04 30 7 2010		
	City Nachvilla	State TN	Zip Code	Transaction ID: PR329215723635		
	Nashville FEC ID number of contributing federal political committee.	C	37210-4634	Amount of Each Receipt this Period  80.00		
	Name of Employer American Hospital Associa- tion-Chicago	Occupation AHA Req	n ional Executive			
	Receipt For:	, ' <u> </u>	Year-to-Date ▼	_		
	Primary General Other (specify) ▼	0 0	320.00	P/R Deduction (\$40.00 Bi- Weekly)		
_	Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca	!		Date of Receipt		
	Mailing Address 4960 138th Cricle Wes	st		0 4 3 0 Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR330475423635		
	Apple Valley	MN	55124-9229	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		80.00		
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional	n Executive			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼		320.00	P/R Deduction (\$40.00 Bi- Weekly)		
	Full Name (Last, First, Middle Initial) Ms. Eileen O'Keefe	1		Date of Receipt		
	Mailing Address 172 Atteridge			0 4 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR330549223635		
	Lake Forest	IL	60045-1715	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		80.00		
	Name of Employer American Hospital Associa- tion-Chicago		sident, Constituency Section			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 320.00	P/R Deduction (\$40.00 Bi- Weekly)		
	SUBTOTAL of Receipts This Page (optional)	<u> </u>		240.00		

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 82 / 97 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the	statements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Mr. Alex R. White, Sr.		Date of Receipt
	Mailing Address 6225 US Hwy 290 E		04 / 30 / Y Y Y Y Y Y Y
	City Austin	State Zip Code TX 78761-5587	Transaction ID: PR331416023635
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  120.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation AHA Regional Executive for TX	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	480.00	P/R Deduction (\$60.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. Donald May	<u> </u>	Date of Receipt
	Mailing Address 521 Great Falls St.		04 30 7 2010
	City	State Zip Code	Transaction ID: PR331533223635
	Falls Church	VA 22046-2613	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice President, Policy	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	320.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Elizabeth Summy		Date of Receipt
	Mailing Address One North Franklin		0 4 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR346168123635
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President, PMG	
	Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 320.00	P/R Deduction (\$40.00 Bi- Weekly)
			280.00

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 83 / 97 (check only one)
	ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	n for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Kristin Welsh			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	V		04 30 7 2010
	City	State	Zip Code	Transaction ID: PR517619723635
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupatio Vice Pres	n sident Executive Branch Rela	
	Receipt For:	Aggregate	e Year-to-Date	7
	Primary General Other (specify) ▼		320.00	P/R Deduction (\$40.00 Bi- Weekly)
В.	Full Name (Last, First, Middle Initial) Ms. Megan Cundari			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	V		0 4
	City	State	Zip Code	Transaction ID: PR518031923635
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupatio Senior A	n ssociate Director	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		240.00	P/R Deduction (\$21.74 Bi- Weekly)

SUBTOTAL of Receipts This Page (optional)	•	140.00
TOTAL This Period (last page this line number only)	<b>→</b>	103759.30

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 84 / 97 (check only one)  11a 11b 11c X 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Texas Hospital Association HOSPAC - Federal Mailing Address P.O. Box 15587  City Austin FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code TX 78761-5587  C C00301325  Occupation  Aggregate Year-to-Date ▼  13000.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) California Healthcare Association PAC - Federal Mailing Address 1215 K Street Suite 800 City Sacramento FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code CA 95814  C C00237495  Occupation  Aggregate Year-to-Date  80000.00	Date of Receipt  M M M / 23 / 2010  Transaction ID: 18193471  Amount of Each Receipt this Period  20000.00
Full Name (Last, First, Middle Initial) Hospital and Healthsystem Assoc. of PA - Federal Mailing Address Post Office Box 8600  City Harrisburg  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code PA 17105-8600  C C00128082  Occupation  Aggregate Year-to-Date  30000.00	Date of Receipt  M M M / D D / Y Y Y Y Y  O 4 15 2010  Transaction ID: 18234230  Amount of Each Receipt this Period  10000.00
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number	·	43000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for e	separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER: PAGE 85 / 97 (check only one)  11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be name and address of	sold or used by any perso any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Citibank, F.S.B.			Date of Receipt
Mailing Address 1400 G Street, NW			04 30 7 2010
City	State Zi <sub>l</sub>	o Code	Transaction ID: 18242327
Washington	DC 20	0005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		193.90
Name of Employer	Occupation		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to	D-Date ▼ 1006.51	Interest Earned

SUBTOTAL of Receipts This Page (optional)	•	193.90
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FE6AN026

SCHEDULE B (FEC Form 3X)			FOR L	INE I	NUMBE	R:			PA	GE	86 /	97	
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NAME OF COMMITTEE (In Full)  American Hospital Association PAC													
/ American riospital rioscolation i rio													
Full Name (Last, First, Middle Initial) Marcia Fudge For Congress							ion ID:			870	)		
Mailing Address 3729 Silsby Rd					0 <sup>M</sup> 4	М	<sup>′</sup> 0	8	/ Y	ž	0 Ť	0 <sup>Y</sup>	
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Full Name (Last, First, Middle Initial)					Trans	sacti	ion ID:	. 1	8185	114			
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Mailing Address PO Box 1000					0 <sup>M</sup> 4	М	<sup>′</sup> D0	8	/ Y	ž	0 Ť	0 <sup>Y</sup>	
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Mailing Address PO Box 74					0 <sup>M</sup> 4	IVI	´ L°O	8	Ĺ	2	0 Ĭ	0 '	
City Syracuse	State Zip Code NY 13214				Amou	ınt o	f Each	Dis	burse	-		-	od
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Candidate Name Rep. Daniel B. Maffei			ategory/ Type										
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State: NY District: 25													
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$\rangle$	American Hospital Association PAC											
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	Mailing Address PO Box 442					0 4						
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	Full Name (Last, First, Middle Initial) Friends Of John Barrasso							on ID:	1818	39400	)	
	Mailing Address PO Box 52008					0 <sup>M</sup> 4	M /	<sup>D</sup> 1	<sup>D</sup> /	Y	2 0 1 0	) <sup>Y</sup>
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$\rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PA	<u> </u>	so or any pontion		
<u>/</u>	Full Name (Last, First, Middle Initial) Tammy Baldwin For Congress				Transaction ID: 18189406 Date of Disbursement
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	Contribution Candidate Name Rep. Linda T. Sanchez			Category/ Type	
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American Hospital Association PAC														
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John Tierney For Congress						Date	of D	isburs	eme					
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Matheson For Congress					M N	f Disburs		Y Y	Y	Y
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	Mailing Address 607 14th Street NW Suit	e 800					0 4	/ D	20	Y	ž o ž c	) <sup>Y</sup>
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	y Information copied from such Reports and Stat for commercial purposes, other than using the na NAME OF COMMITTEE (In Full) American Hospital Association PAC												
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	Full Name (Last, First, Middle Initial) John Kerry for Senate					Trans Date o		sburse	ement			V . V	7
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	City Washington	State Zip Code DC 20002				Amou	nt of	Each	Disbu	ursen	nent t	nis Pe	rioc
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	Full Name (Last, First, Middle Initial) Robbie Wills For Congress					Trans Date	of Di	sburse	ement				
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	City Little Rock	State Zip Code AR 72203				Amou	nt of	Each	Disbu		-		rio
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NAME OF COMMITTEE (In Full)  American Hospital Association PAC	;		
Full Name (Last, First, Middle Initial) Tim Wooldridge For Congress			Transaction ID: 18229810 Date of Disbursement
Mailing Address Pmb 6014 2503 W Kings Hig	hway		$ \begin{bmatrix} 0 & 4 & M \\ 0 & 4 & M \end{bmatrix} \begin{bmatrix} 0 & 2 & 9 \\ 0 & 2 & 9 \end{bmatrix} \begin{bmatrix} 0 & 2 & 0 & 1 & 0 \\ 0 & 2 & 0 & 1 & 0 \end{bmatrix} $
City Paragould	State Zip Code AR 72450		Amount of Each Disbursement this Perio
Purpose of Disbursement Contribution		011	2000.00
Candidate Name Mr. Tim Wooldridge		Category/ Type	
Senate President	Disbursement For: 2010  X Primary General  Other (specify)		Contribution
State: AR District: 01  Full Name (Last, First, Middle Initial)  Committe To Re-Elect Ed Towns			Transaction ID: 18273645
			Date of Disbursement  O 4  O 8  O 8  O 8
Mailing Address 438 Lewis Avenue			
City Brooklyn	State Zip Code NY 11233		Amount of Each Disbursement this Perio
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Rep. Edolphus Towns		Category/ Type	
Office Sought:    X   House   Senate   President     State: NY   District: 10	Disbursement For: 2010  X Primary General  Other (specify) ▼		Contribution
Full Name (Last, First, Middle Initial) Whitfield For Congress Committee			Transaction ID: 18273886 Date of Disbursement
Mailing Address P.O. Box 391			$ \begin{bmatrix} M & M \\ 0 & 4 \end{bmatrix} \begin{bmatrix} D & D & D \\ 2 & 0 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y &$
City Hopkinsville	State Zip Code KY 42241		Amount of Each Disbursement this Perio
Purpose of Disbursement Contribution		011	500.00
Candidate Name Rep. Edward Whitfield		Category/ Type	
Senate President	Disbursement For: 2010 Primary X General Other (specify) ▼		Contribution
State: KY District: 01			
SUBTOTAL of Disbursements This Page (o	otional)		3500.00
	per only)		49250.00

TEMIZED DISBURSEMENTS    for ceach categopry of the   Decalled Summary Page	CHEDULE B (FEC Form 3X)	Use separate sch	edule(s)   (abaal, ar	E NUMBER: PAGE 96 / 97
NAME OF COMMITTEE (In Full) American Hospital Association PAC  Full Name (Last, First, Middle Initial) Citibank, F.S.B.  Mailing Address 1400 G Street, NW  City State Zip Code DC 20005  Purpose of Disbursement Bank Fees Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial) City State Zip Code DC 20005  Purpose of Disbursement Bank Fees Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Office Sought: House Senate Primary General Other (specify) ▼  Office Sought: House Senate Primary General Other (specify) ▼  Office Sought: House Senate Primary General Other (specify) ▼  Transaction ID: 18242329 Date of Disbursement this Perio Other (specify) ▼  Amount of Each Disbursement this Perio Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  Office Sought: House Senate Primary General Other (specify) ▼  Office Sought: House Senate Primary General Other (specify) ▼  Office Sought: House Senate Primary General Other (specify) ▼  Office Sought: House Senate Primary General Other (specify) ▼  Office Sought: House Senate Primary General Other (specify) ▼  Office Sought: House Senate Primary General Other (specify) ▼  Office Sought: House Senate Primary General Other (specify) ▼  Office Sought: House Senate Other (specif	EMIZED DISBURSEMENTS	for each category	of the X 21b	22 23 24 25
NAME OF COMMITTEE (In Full) American Hospital Association PAC  Full Name (Last, First, Middle Initial) Citibank, F.S.B.  Mailing Address 1400 G Street, NW  City Washington DC 20005  Purpose of Disbursement Bank Fees  Gandidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial) Paymentach Mailing Address 14221 Dallas Parkway Building Two  City State Zip Code Other (specify) ▼  Transaction ID: 18242328 Date of Disbursement this Perio  Amount of Each Disbursement this Perio  144.46  Amount of Each Disbursement this Perio  Amount of Each Disbursement  W 1 0 0 1 1 18242329 Date of Disbursement this Perio  Amount of Each Disbursement  W 2 0 1 0 2 1 0 0 1 1 18242329 Date of Disbursement this Perio  Amount of Each Disbursement  W 2 0 1 0 0 1 1 18242329 Date of Disbursement  W 3 1 0 0 1 1 18242329 Date of Disbursement  W 4 1 0 0 0 1 1 18242329  Date of Disbursement this Perio  Transaction ID: 18242328 Date of Disbursement this Perio  Amount of Each Disbursement this Perio  Category' Type  Office Sought: House Senate President  City Dallas Tx 75201  Purpose of Disbursement  Mailing Address 1601 Elm Street  City State Zip Code Tx 75201  Purpose of Disbursement  Mailing Address 1601 Elm Street  City State Zip Code Tx 75201  Purpose of Disbursement  Mailing Address 1601 Elm Street  City Category' Type  Office Sought: House Senate President  Category' Type  Office Sought: House Senate President  Office (specify) ▼  Merchant Fees  Candidate Name  Office Sought: House President  Office (specify) ▼  Merchant Fees  Candidate Name  Office Sought: House President  Office (specify) ▼  Merchant Fees  Merchant Fees  Merchant Fees  Office Sought: Merchant Fees  Candidate Name  Office Sought: House President  Office (specify) ▼  Merchant Fees				
City Senate Disbursement  Bank Fees  Candidate Name  Office Sought: House President State: Disbursement For: Senate Primary General Disbursement  Mailing Address 14221 Dallas Parkway Building Two  City State: Disbursement For: Senate Primary General Disbursement For: Type  Mailing Address 14221 Dallas Parkway Building Two  City State: Disbursement For: Senate Primary General Disbursement For: Type  Mailing Address 14221 Dallas Parkway Building Two  City State: Disbursement For: Type  Office Sought: House Disbursement For: Disbu	NAME OF COMMITTEE (In Full)		<u> </u>	
Mailing Address   1400 G Street, NW   State   Zip Code   DC   20005	• • • • • • • • • • • • • • • • • • • •			
Washington DC 20005  Purpose of Disbursement Bank Fees  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Paymentech  Mailing Address 1601 Elm Street  Office Sought: House Senate President TX 75254  Purpose of Disbursement Hall Name (Last, First, Middle Initial) Phyropse of Disbursement Hor: Senate President State: District:  Full Name (Last, First, Middle Initial) Paymentech  Mailing Address 1601 Elm Street  Office Sought: House Primary General Primary General Disbursement Merchant Fees  Candidate Name  Office Sought: House Primary General Disbursement Merchant Fees  Calegory/ Type  Office Sought: State Zip Code Disbursement For: Primary General Disbursement Merchant Fees  Calegory/ Type  Office Sought: House Disbursement For: Primary General President State State District:  Full Name (Last, First, Middle Initial) Merchant Bankcard  Mailing Address 1601 Elm Street  City State Zip Code TX 75201  Purpose of Disbursement Merchant Fees  Candidate Name  Office Sought: House Disbursement For: Primary General President President President Other (specify) ▼  Merchant Fees  Candidate Name  Office Sought: House Disbursement For: Primary General President President Other (specify) ▼  Merchant Fees  Office Sought: Primary General Primary General President Other (specify) ▼  Merchant Fees	Mailing Address 1400 G Street, NW			$\begin{bmatrix} M & M & / & D & D & / & Y & Y & Y & Y & Y & Y & Y & Y & Y$
Bank Fees Candidate Name  Office Sought: House Senate Primary General Primary General Primary General President State: District:  Full Name (Last, First, Middle Initial) Paymentech  Mailing Address 14221 Dallas Parkway Building Two  City Dallas TX 75254  Purpose of Disbursement Hor: Primary General Dallas TX 75254  Office Sought: House Primary General Disbursement For: Senate President State: District:  Full Name (Last, First, Middle Initial) Merchant Fees  Candidate Name  Disbursement For: Primary General Disbursement For: Primary General Disbursement Date of Date of Disbursement Date Date of Disbursement Date Date of Disbursement Date Date Date Date Date Date Date Dat				
Office Sought: House Senate Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Paymentech  Mailing Address 14221 Dallas Parkway Building Two  City Building Two  City Dallas TX 75254  Purpose of Disbursement Merchant Fees  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  City Dallas TX 75254  Purpose of Disbursement House Senate Primary General Other (specify) ▼  City Dallas TX 75254  Amount of Each Disbursement this Peric Disbursement For: Senate Primary General Other (specify) ▼  City Dallas TX 75201  Purpose of Disbursement For: Senate Disbursement For: Other (specify) ▼  City Dallas TX 75201  Purpose of Disbursement For: State Zip Code TX 75201  Purpose of Disbursement For: State Typ Code TX 75201  Purpose of Disbursement For: State Typ Code TX 75201  Purpose of Disbursement For: State Typ Code TX 75201  Purpose of Disbursement For: Senate Primary General Other (specify) ▼  Office Sought: House Senate Primary General Other (specify) ▼  Merchant Fees	Bank Fees			44.46
Senate				_
Full Name (Last, First, Middle Initial) Paymentech  Mailing Address  14221 Dallas Parkway Building Two  City Dallas  Tx 75254  Purpose of Disbursement  Merchant Fees  Candidate Name  District: Full Name (Last, First, Middle Initial) Merchant Bankcard  Mailing Address  14221 Dallas Parkway Building Two  State Zip Code TX 75254  Amount of Each Disbursement this Perio  Category/ Type  Merchant Fees  Merchant Fees  Transaction ID: 182423329 Date of Disbursement this Perio  Amount of Each Disbursement this Perio  Category/ Type  Merchant Fees  Transaction ID: 18242335 Date of Disbursement  Mailing Address 1601 Elm Street  City Dallas  Transaction ID: 18242335 Date of Disbursement  Mailing Address Date of Disbursement  Mailing Address  Transaction ID: 18242335 Date of Disbursement  Mailing Address Date of Date of Disbursement  Mailing Address Date of Date of Da	Senate President	Primary G	General	Bank Fees
Mailing Address 14221 Dallas Parkway Building Two  City Dallas TX 75254  Purpose of Disbursement Merchant Fees Candidate Name  Office Sought:	Full Name (Last, First, Middle Initial)			Transaction ID: 18242329
Building Two  City Dallas  TX T5254  Purpose of Disbursement Merchant Fees  Candidate Name  Office Sought:  Full Name (Last, First, Middle Initial) Merchant Bankcard  Mailing Address  City Dallas  TX T5201  Purpose of Disbursement His Peric  Senate Primary General Other (specify)  Transaction ID: 18242335 Date of Disbursement  May  Amount of Each Disbursement this Peric  Merchant Fees  Transaction ID: 18242335 Date of Disbursement  Mailing Address  Transaction ID: 18242335 Date of Disbursement  May  Amount of Each Disbursement this Peric  Other (specify)  Transaction ID: 18242335 Date of Disbursement  May  Amount of Each Disbursement this Peric  Other (specify)  Transaction ID: 18242335 Date of Disbursement  May  Amount of Each Disbursement this Peric  Ballas  Transaction ID: 18242335 Date of Disbursement  May  Transaction ID: 18242335 D				
Dallas TX 75254  Purpose of Disbursement Merchant Fees Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Merchant Bankcard  Mailing Address 1601 Elm Street  City State Zip Code Dallas TX 75201  Purpose of Disbursement Merchant Fees  Candidate Name  Office Sought: House Candidate Name  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  Merchant Fees  Merchant Fees  Amount of Each Disbursement this Peric Category/ Type  Office Sought: House Primary General Other (specify) ▼  Office Sought: Primary General Other (specify) ▼  Other (specify) ▼  Merchant Fees  Merchant Fees	Building Two		do	
Merchant Fees  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) Merchant Bankcard  Mailing Address 1601 Elm Street  City State Zip Code Dallas TX 75201  Purpose of Disbursement Merchant Fees  Candidate Name  Office Sought: House Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Merchant Fees  Merchant Fees  Merchant Fees  Merchant Fees  Merchant Fees  Merchant Fees  Other (specify) ▼  Merchant Fees  Merchant Fees  Other (specify) ▼  Merchant Fees  Merchant Fees	Dallas			
Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) Merchant Bankcard  Mailing Address 1601 Elm Street  City Dallas TX 75201  Purpose of Disbursement Merchant Fees  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Merchant Fees  Candidate Name  Disbursement For: Senate Primary General Other (specify) ▼  Merchant Fees  Other (specify) ▼  Merchant Fees  Merchant Fees	Merchant Fees		Category/	107.00
Full Name (Last, First, Middle Initial) Merchant Bankcard  Mailing Address 1601 Elm Street  City State Zip Code Dallas TX 75201  Purpose of Disbursement Merchant Fees Candidate Name  Office Sought: House Senate President  Disbursement For: Senate President  Other (specify)  Other (specify)	Senate President	Primary G		Merchant Fees
City State Zip Code Dallas TX 75201  Purpose of Disbursement Merchant Fees Candidate Name  Office Sought: House Senate Primary General President  Other (specify)  Other (specif	Full Name (Last, First, Middle Initial)			
Dallas TX 75201  Purpose of Disbursement Merchant Fees  Candidate Name  Office Sought: House Senate Primary General President Other (specify) ▼  Merchant Fees  Merchant Fees  Merchant Fees	Mailing Address 1601 Elm Street			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Merchant Fees  Candidate Name  Office Sought:  House Senate Primary President  Other (specify)  Merchant Fees  Merchant Fees				
Office Sought:  Disbursement For:  Senate Primary Other (specify)  Type  Merchant Fees			001	80.00
Senate Primary General Merchant Fees  President Other (specify) ▼	Candidate Name			
	Senate	Primary G	General	Merchant Fees
	State: District:			

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	CHEDULE B	•	•	Use separate schedule(s) for each category of the Detailed Summary Page  FOR LIN (check of X) 21b 27				E NUMBER:					PAGE 97/97					
IT	EMIZED DISE	BURSEMEN	ITS				X	21b		22 28a	П	23 28b	П	24 28c		25 29	Н	26 30b
	y Information copied for commercial purpo			•		•	•				•			_				
$\rangle$	NAME OF COMMIT American Hospita	` ,	PAC															
	Full Name (Last, Fir American Expres Mailing Address									Trans Date o	of Di	sburs	eme	~		0 1 0	Y	
	City Chicago			State IL	Zip Code 60679					Amou	nt of	Each	Dis	burser	-			d
	Purpose of Disburse Merchant Fees	ement					00	1				-				68.25	-	
	Candidate Name					1	ateg Typ	•										
	Office Sought:	House Senate President	Disburse	ment For: Primary Other (spe	General					Merch	ant	Fees	6					

SUBTOTAL of Disbursements This Page (optional)	<b>•</b>	68.25
TOTAL This Period (last page this line number only)	<b></b>	330.66